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ABSTRACT

This document presents testimony, statements, presentations, letters, statistics and other documents relating to the foster care system and foster children which were given before the subcommittee. (MS)

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FOSTER CARE: PROBLEMS AND ISSUES

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JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

OF THE

COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

AND THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES

NINETY-FOURTH CONGRESS

FIRST SESSION

ON

EXAMINATION OF PROBLEMS WHICH PROFOUNDLY AFFECT THE DEVELOPMENT OF CHILDREN IN THE FOSTER CARE SYSTEM

PART 1

DECEMBER 1, 1975

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FOSTER CARE: PROBLEMS AND ISSUES

Part 1

MONDAY, DECEMBER 1, 1975

U.S. Senate,
Subcommittee on Children and Youth of the
Committee on Labor and Public Welfare;
and the Subcommittee on Select Education,
of the House Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 9:30 a.m., in room 4232, Dirksen Senate Office Building, Senator Walter F. Mondale (chairman of the Subcommittee on Children and Youth) presiding.

Present: Senators Mondale and Cranston and Representatives Miller and Hall.

Senator Mondale. The joint hearing of the Senate Subcommittee on Children and Youth and House Subcommittee on Select Education will come to order.

Our first panel of witnesses consists of Donna Strong of Detroit, Mich.; Dr. Albert J. Solnit, director of the Child Study Center, Yale University; and David Evans of the National Foster Parent Association, Columbus, Miss.

Would you please come to the witness table.

With today's hearing we open a joint inquiry of the Senate Subcommittee on Children and Youth and the House Subcommittee on Select Education into a system which profoundly affects the development of hundreds of thousands of American children—the foster care system.

When we talk about foster care here we intend the broadest meaning of the term—"24-hour care provided outside a parental home for children who enter the system through either the child welfare or the juvenile justice system." Thus we intend to explore the many forms of foster care—including foster family homes, group homes, and institutions. In our inquiry we will focus on children who are in the system because they are judged to be dependent and neglected—and not because they are accused of breaking the law.

According to the most recent estimate of the Department of Health, Education, and Welfare, in 1971 some 360,000 children were in foster care. HEW estimates the Federal support for foster care in 1975 alone to be some $350 million.

One of the purposes of our inquiry into foster care will be to examine the effects of the system on the children it serves.

There is reason to believe that despite our best intentions, youngsters are not always "helped" by foster care.

One expert has summed it up this way:

> Any child who is compelled for whatever reason to leave his own home and family and to live in foster placement lives through an experience pregnant with pain and terror for him and potentially damaging to his personality and normal growth. It is abnormal in our society for a child to be separated for any continuing length of time from his own parents and no one knows this so well as the child himself. For him placement is a shocking and bewildering calamity, the reasons for which he usually does not understand.

We know that there are many fine programs and institutions—and dedicated foster parents who are doing their best in a difficult and challenging situation. But we are concerned about reports of substandard conditions in institutions—reports that children are "lost" in the system for years when their placement was supposed to be "temporary"—about the placement of children in homes hundreds or thousands of miles from their families—and reports that efforts to reunite a child with his or her family tend to be the exception rather than the rule.

Earlier this year, the Senate Subcommittee on Children and Youth began to explore some issues closely related to today's hearing. One set of hearings examined the operation of the so-called baby market in which intermediaries sometimes receive thousands of dollars for securing babies for adoptive parents. In a second set of hearings, the subcommittee explored the important question of children with special needs—those who are older or handicapped, or who want to remain with their siblings.

The subcommittee further pursued its interest in the question of child placement by publishing a consultant report entitled "Foster Care and Adoptions: Some Key Policy Issues." Today's witnesses have been provided with copies of that report and asked to address the questions it raises if they choose to do so. I am very pleased that Representative Brademas' subcommittee has agreed to join us in this exploration of foster care, and I am hopeful that together we can reach some conclusions about the adequacy of our legislation and policies in this area.

In our hearing today we hope to elicit the basic facts about the foster care system and explore their implications for the well-being of the children involved. Our subcommittees are fortunate to have with us witnesses who view the system from a variety of experiences and perspectives.

We hope to gain an understanding both of the Federal legislation and policies which affect youngsters in foster care and of their implications for the human beings who are part of that system—the children and the families.

Representative John Brademas, chairman of the House Subcommittee on Select Education, with whom we begin joint hearings today on foster care practices and adoption, has asked me to convey his regret at being unable to attend this hearing. He is returning today from the World Council of Churches Conference in Nairobi, Kenya, and cannot be with us this morning, so at this point we will receive for the record Representative Brademas' statement.

[The statement of Representative Brademas follows:]

STATEMENT OF HON. JOHN BRADEMAS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA, AND CHAIRMAN OF THE HOUSE SUBCOMMITTEE ON SELECT EDUCATION

Representative BRADEMAS. This morning, the House Subcommittee on Select Education joins the Senate Subcommittee on Children and Youth in an investigation of adoption and foster care practices.

Senator Mondale's subcommittee has already held several days of hearings on many important issues on the adoption of children; and recently, my colleague on the Select Education Subcommittee, Congressman George Miller, and I requested a GAO study on the subject of residential care facilities for children, many of which are funded through the same Federal programs we shall hear about this morning. Today, we begin our joint effort then with this hearing to examine the effects of Federal legislation on children in foster care.

As shown by a recent report issued by the Senate Subcommittee on Children and Youth, a significant degree of the funding for foster care services comes from the Federal Treasury. For well over 10 years now, Federal assistance has gone out to dependent children in foster care. Large numbers of children are today locked into foster care situations which are meant to be temporary rather than permanent. Instead of returning to their natural parents or going to a stable, adoptive home, many children face repeated placements in a series of foster homes.

In our hearing today, and those that will follow, we will attempt to secure the information that will accurately reflect the impact of present Federal programs on foster care children and their families, and to help us determine the characteristics and need for new legislation.

Senator MONDALE. At this time I would like to welcome Mrs. Donna Strong, David Evans, and Dr. Solnit, who will discuss the psychological aspects of foster care.

Let us begin with Mr. Evans of the National Foster Parent Association.

STATEMENT OF DAVID EVANS, PRESIDENT, NATIONAL FOSTER PARENT ASSOCIATION, COLUMBUS, MISS.; ACCOMPANIED BY MRS. DONNA STRONG, FOSTER PARENT, DETROIT, MICH., AND ALBERT J. SOLNIT, DIRECTOR, CHILD STUDY CENTER, YALE UNIVERSITY, NEW HAVEN, CONN., A PANEL

Mr. EVANS. Mr. Chairman and members of the committee, my name is David T. Evans. I am president of the National Foster Parent Association. I have come here today not only as a representative of an association representing the interests of one-third of a million foster children, but as a concerned parent. As a natural parent, a foster parent, an adoptive parent, and a guardian, I have more than a passing interest in the needs and rights of children and the quality of care and national services for foster children.

The National Foster Parent Association is a unique organization that brings together foster parents, social workers, and other advocates for children. Founded in 1971, the NFPA is the first and only national organization of persons actively involved in providing foster family care to over 350,000 foster children.

The problem of foster care is a growing and complex problem that commands the attention of this committee and the Congress. Ostensibly, it is one of the ills of our society that it often promises too much and delivers too little. Unfortunately, for the foster child, society promises less and delivers far too little. And at a time when many of our national leaders speak forcefully about the conservation of natural resources—it is perhaps our children, our first citizens—who are our most endangered species.

I have come here today to discuss with you what I think are the three major challenges of foster care—challenges that not only affect the children of foster care, but their natural and foster families—growing challenges that confront our society.

First, the number of children entering foster care is increasing. Over a third of a million young people are currently in foster care—either in foster family homes, group homes, or in institutions, and their number continues to increase. But these figures in no way point to the magnitude of the real problem—the deterioration of the American family. What I want to suggest to you is that the number of vulnerable children—the number of potential foster children—is increasing rapidly. The number of single parent families throughout the United States is increasing in low-income and minority families.

In 1974, it was estimated that the proportion of black children living with 1 parent was 49.3 percent and 1 black child out of 11 was living with neither parent. The American Indian movement estimates that an Indian child has 16 times greater chances of being separated from his natural family than a non-Indian child. It is these families that are particularly vulnerable to the socioeconomic pressures that bring children into foster care.

But this is not a new problem. The problems of parentless, homeless children are as old as America itself. Since 1636, less than 30 years after the founding of the Jamestown Colony, when Benjamin Eaton, a 7-year-old colonial American, became this Nation's first foster child, significant numbers of America's children have needed foster family care. This need is likely to continue as long as we have parents and families who are unable to care for their children.

While I am fully aware and share many of your concerns about the costs of foster care, my concerns are child-oriented. I want to point out that no family or community in America is immune from the pressures that bring children into foster care. And, in a very real sense, every child within the community is a potential foster child. If we are to stem the tide of children entering foster care, we must prevent the unnecessary separation of children from their natural families by early and timely intervention and assistance to families faced with the crisis of separation. On the other hand, we must continue to increase the number of available foster homes to meet the needs of vulnerable children.

It is estimated that for every four children now in foster care, another two could be if we had adequate resources and services.

Second, the number of children being "locked into" foster care is increasing. Society, by its neglect, has created a virtual army of "limbo children" whose chances of adoption or return to their natural families are practically nil. It is estimated that between 100,000 and 200,000 foster children—a staggering 50 to 80 percent—are adrift in foster care and will likely remain in foster care for long and indefinite periods.

In some respects, foster care has become a vast and hidden dumping ground for children separated from their natural families. In my opinion, there is no issue that so affects the child in the foster family as the question of the impermanence of foster care. We have often referred to foster children as "America's forgotten minority," claiming that they are voteless and voiceless.

I, for one, as president of the National Foster Parent Association and as a father of two long-term foster children, can tell you that they are not voiceless. They know the alternatives to foster care, and they want to know when and how they are going to get out. There can be no question that as advocates for children, we must always maintain a viable system of responsible foster care, while seeking responsible alternatives to free children from the uncertainties of long-term foster care.

Third, the nature of children entering foster care in the last decade has changed dramatically. Traditionally, foster care meant the temporary care of children by substitute families who would likely be returned to their natural families. Today, greater numbers of children with physical and emotional problems and abused and neglected children are entering foster care. It is estimated that some 46 percent of the children in foster care are there because of parental neglect, abuse, and exploitation. In a real sense, foster parents have become the caretakers of America's abused and neglected children. In itself, the problem of child abuse and neglect is a complex and growing problem. By one estimate, some 4,000 children each year are killed by their natural families. Some 90,000 are abused and thousands and thousands are neglected.

There is no problem that has so changed the nature of foster care and so affects the foster family than the problems of these children. By their very nature, children who have been abused and neglected, children who have physical and emotional problems, require special care and understanding. Often these children are and will be exhibiting a variety of problems which may be beyond the skills of persons without special knowledge.

The NFPA has supported five national conferences providing education and special learning experiences for foster parents and social workers to increase their competence. In 1973, the NFPA adopted a position statement on the education and training of foster parents calling for mandatory preservice training programs, and while several States have developed these programs, only 10 to 15 percent of all foster parents are currently involved. Simply, if foster parents are to meet the special needs of children with problems, we must have adequate training and supportive services.

Finally, I must say something about the children of foster care—the children, who in Paul Mott's words, have been left "on the doorstep of foster care." They are no longer on our doorsteps, but in the homes and hearts of some 160,000 foster families throughout the United States, and they have been with us for some time. They are basically good children whom life has dealt a wrong turn. The needs and rights of these children are the primary concern of the National Foster Parent Association.

This Congress and the Nation must place greater emphasis on the rights and needs of foster children. In the past, the needs of children have been cited frequently and often with eloquence. The 1930 White House Conference adopted the Children's Charter, which enumerated 19 separate aims for every child regardless of race, color, or situation. In 1951, the General Assembly of the United Nations adopted an inspiring document, the "Declaration of the Rights of the Child," proclaiming that mankind owes to the child the best it has to give.

In December 1970, at the White House Conference on Children, "A Children's Charter for the Seventies" again called attention to the rights and unmet needs of children; and most recently, in 1973, a "Bill of Rights for Foster Children" was adopted in Congress Hall in Philadelphia citing the responsibility of society and parents for the well-being of foster children. The NFPA was a party to those historic words, and we want to be a party to their implementation.

John Kennedy once said that "while success has many fathers, failure is often an orphan." I have come here not to ask what you can do for the NFPA, but to ask what we can do together for foster children to insure that they have a happy and successful life.

Senator MONDALE. Thank you very much, Mr. Evans, for an excellent statement.

Mr. Miller, I think we might complete the panel and then ask questions.

Representative MILLER. Surely.

Senator MONDALE. Our next witness is Mrs. Donna Strong, who is a former foster child and now a foster parent.

Mrs. STRONG. I was a foster child for a number of years. I come from a family of three children: A twin and myself and a sister 2 years younger. At a very young age, we lived with our mother and not our father due to marital problems. I do not remember too much between the ages of 3 to 5, we lived with my grandmother, with my mother living down the street. At the age of 5 we entered our first foster home—all three of us.

After 1 year in the foster home, I was then returned to my grandmother where I stayed for about 2 years. At 8 years of age, I was placed in a Detroit orphanage by my father. The three of us remained there for 2½ years, during which time our father and mother visited once. The court ruled that the first parent who would marry, had a home, and could provide for us would take us. Father married first and we were placed with our father and stepmother.

We had a home in Detroit which we were taken to and we lived there approximately 5 months. During our stay, the three of us were beaten, tortured, physically abused; we were banged against the wall, beaten with a razor strap, ironing cord and any board my father found handy. At that time, I had not realized the marital problems that they were going through and apparently taking out on us. We were going to school, many times with these bruises on us. The school discovered these bruises and called the police. There was then a trial and we were placed in the Youth Home.

During the 2½ months stay in the Youth Home, for temporary lodging, we were placed together. We saw a lot of each other at the time. The trial was a very bad experience for us. It proved to be very frightening. We were questioned by newspapermen, we had our fingerprints taken, we gave testimony; but, we had no counsel, no social worker to talk to, no foster parents to talk to; we were completely alone.

My stepmother received 4 years probation at which time my father and stepmother moved to California and raised another family. In the Youth Home, during that 2½-month stay, we learned about rape, smoking, theft, and swearing. There were no visits from relatives. I do not remember talking to a social worker at the time. I did not know where I was going, where I was going to stay, or, if I was going to stay with my sisters. I did not know until the day I left the Youth Home that my sisters and I were going to be separated, on and off, for the next 7 years.

As I recall, I have been in approximately 19 placements, none of which afforded me a feeling of permanency. I was never allowed to forget that I was a foster child, a ward of the court.

It was a lonely experience. I lacked trust in anyone. I was angry, aggressive and had a "chip on my shoulder."

I never was allowed to decide my own direction. During my foster care experience, I had as many as six different social workers. Agency procedure evidently was that a child was placed in a new home—cold turkey—that is, with no attempt to visit first. There was little, if any, emotional attachment to a family and many times I felt foster parents were foster parents just for the money. As a teenager, I became more sophisticated and mature as well as less naive; making it most difficult for adjustment during this period. The feeling of not belonging and not having anyone to talk to was very distressing to me. I thought I was lost and forgotten at times.

At 17, I left the foster home and said I was not coming back. But then, the foster mother I was with drove me to the Youth Home. Friends and church contacts found me homes after that. My one big goal was high school graduation. My main determination was to be better than my family.

After graduation, I received a job with a large Midwest department store. I was trained as a draftsman designing kitchens. I was then totally independent of the system.

At 19 I was married and continued working at the department store. Soon after my marriage, each of my two sisters shared a time in our home with my husband and me. After 4 years of marriage and our first child, 1 year old, we became foster parents. Experience as a foster parent has made me come to appreciate the role it can play. I feel that I have some advantage over other foster mothers, because I have been "in the system."

In the 7 years we have been foster parents we have had, in our home, many children with various problems: children with physical handicaps, with emotional disturbance, unwed mothers, teens, infants addicted to drugs, children suffering from deprivation, all of them suffering with their own sad story.

For the past 2 years we have specialized in teens. We now have eight children, eight as of last week.

Foster care has changed somewhat from the years when I was a foster child. However, the change is much too slow. Some specific problems and recommendations are the following:

Social work caseloads are extremely high. This tends to cause children to be lost in the system. The needs of the foster children are therefore neglected. Through my involvement with foster parent groups, many foster parents have said that there is very little communication with social workers. I have heard a few foster parents say that they have not seen their social worker for as long as 1 year.

The turnover of social work staff has been tremendous. This has been cited by the daily Detroit paper to be as high as 70 percent staff in 1 year. In some cases, I have found that social workers have been hired on the basis of passing a general civil service test. This tends to permit the hiring of people who are not trained to work with children. Something has to be done.

Foster care is intended to be a temporary situation. For every child, a permanent plan is vital; what I mean by that is a plan that is feasible should be decided upon within a week or two after placement. It should be carried out within a specified time, suiting the particular case. The plan can be revised, but not indefinitely postponed.

A child needs a feeling of permanency and belonging. Those involved in making the permanent plan must be at least, the social worker, natural parent, and depending on the age of the child, the child himself.

One of my biggest concerns in foster care is the bouncing of children from home to home. This can be greatly reduced by prelicensing education. That is to say that any home desiring to become a foster family must attend an education class on fostering children. This has been implemented in my home State with great success. However, it is after the fact. The education classes tend to attract experienced and "gung-ho" foster families rather than the new, frightened, unaware, but loving families.

The juvenile court is a matter of fact in the experience of a foster child. But, it has been my observation that legal counsel on behalf of the child can be totally lacking. I have accompanied children to court, for whom legal counsel was appointed, and found that legal counsel left a lot to be desired.

To state a case in point, I attended a statutory rehearing for two of my 17-year-old foster children. In one case, the child met his lawyer upon entering the court. The lawyer was asked by the referee if he had talked to his client.

The lawyer replied "Yes" when, in fact, he simply shook hands with the child and proceeded to discuss his case with the child's social worker, 5 minutes before entering the courtroom. After leaving the courtroom, the child said to me, "It is a good thing I didn't do anything wrong."

The other 17-year-old's experience was also a statutory rehearing. She had no representation, so the court's tape was turned off and the referee asked to have a lawyer who was in the hall to come into the courtroom and represent the child. The lawyer then took the child into the hall, told her of her rights and returned in a matter of minutes to the courtroom. The tape was then turned back on and the lawyer was asked if he had a chance to talk to his client and he stated that he had. The lawyer was then asked what the child wanted, and he stated that she wanted to remain in foster care, "whatever that meant." The referee said "So be it." The child and I were embarrassed by this apparent lack of concern of the court for the inalienable rights of the child.

It is also my feeling that preplacement visits in a new foster home are important. The child has the right to see his new home before permanent placement. There should be at least two short visits before placement to allow for some adjustment for the child as well as for family members of the home.

Too many different groups or agencies are responsible for foster care of children. Each has its own set of policies, payment rates and procedures. It is very confusing both to children and to foster parents. In Michigan, children may be under either local county juvenile court, under the State Department of Social Services, under the State Department of Mental Health or under a licensed voluntary agency. We need one system of foster care. All these agencies can continue to provide foster care, but under one statewide system of payment and operation.

Next to the need for a permanent plan for each child there is a need for early decision by courts. Many children remain as "temporary" court wards for years. Too many children go back home to their biological family again and again without any final decision about what must be done to help the parents or terminate their rights as parents. Other children never go home but they remain in foster care and no final decision is ever made.

Foster care should be a temporary system for children without parents. Children should be able to live without the feelings of neglect or personal guilt for their situation. They should not have to be ashamed. These homeless children may some day become parents themselves and unless we provide a normal setting now, the vicious circle of social welfare will never be broken.

In conclusion, it may seem that my achievement up to now in spite of my experience in foster care, can be considered to be successful. This is not true. I grew up as a very angry and resentful adolescent. My resentment often got me into trouble and made me run away. I was very lonely. I felt like I was different. It was only my ability to get through school, my successful work experience and my good fortune in picking a husband that have helped me get through it—in spite of my foster care experiences. I am one of the lucky ones.

I have learned to forgive and to forget. I have good relationships with my father and stepmother and the foster families I have lived with. This has not been easy. However, my childhood is in the past and I am now a mother and I must teach my children how to love, trust, and try to understand people who have hurt them.

My ultimate dream, therefore, is that one day, foster homes will not be necessary.

Senator MONDALE. Thank you very much, Mrs. Strong, for an excellent statement, coming as it does from personal experience. I think that is always most instructive and helpful.

Our final witness on this panel is Dr. Albert Solnit, director, Child Study Center of Yale University.

Dr. Solnit. Senator Mondale and members of the subcommittee, I am Albert J. Solnit, director of the Child Study Center at Yale University. I am a child psychiatrist and the father of four children.

Foster care was designed to provide children with adults who would be temporary replacements for their parent or parents when the parent or parents were unable or unavailable to take care of them.

This form of care has become an institutionalized system, providing care for more than 350,000 children at any one time in this country.

This system originally intended to preserve and support (i.e., foster) the continuity of family ties, or relationships between children and their parents, has increasingly become an irreversible step that separates children from their parents, tending to destroy families and parent-children relationships. Foster care which has been intended as a temporary haven for children while their parents overcome an illness or restore themselves after a disruption, has in the majority of cases in the 1960's and 1970's become a one-way avenue to the permanent breakup of children and their parents.

What appears to be a humanitarian effort to provide temporary personal care for children while their parents are unable to do so has become increasingly a tempting way of dealing with the family crisis in a manner that starts the family on the pathway to permanent breakup.

One of the underlying factors in these family breakups is our willingness to spend our resources to support children away from their original home. We seem incapable of bringing our resources to bear upon supporting and strengthening the parents so their children can remain with them in the family while crises, deprivations, and traumatic events are mastered by intact families who receive appropriate support and services.

Tragically, the further we take children away from their parents in time and distance, the more of our money, time, and energy we are willing to expend on them, insuring high costs for conditions that are damaging to children.

For a large number of children in foster care, the first placement has also become the beginning of an unsettling and corrosive life experience which destroys their potential for the full unfolding of their social, emotional, and intellectual capacities. In many instances those children live out their childhood in multiple foster homes and become the transmitters of the toll of social, emotional, and intellectual deprivation from one generation to the next as they are likely to become the unstable and damaged parents of the next generation.

As the incidence of divorce, single-parent families, and working mothers has increased, the stability of the family, constituted by at least one child and one adult, has become less stable, and the risk of parents and children having their relationship disrupted has mounted steadily. These disruptions are most frequently precipitated or caused by parental injuries or illness, family breakdown, or by personal accidents or catastrophes of nature or men.

Since your subcommittee report, "Foster Care and Adoptions: Some Key Policy Issues," presents most of the vital statistics and much of the background of our foster care system, in my presentation I shall concentrate on the psychological and developmental aspects of foster care for children.

Our best knowledge informs us that children require affection, protection, guidance, and care in a direct, intimate, and continuous basis by adults who are personally committed to assume such responsibility. In other words, it is crucial that children feel wanted. For our purposes—

> A wanted child is one who receives affection and nourishment on a continuing basis from at least one adult and who feels he or she is and continues to be valued by those who take care of him or her. "Beyond the Best Interests of the Child" by J. Goldstein, A. Freud, and A. J. Solnit, Free Press, New York, 1973.

In this presentation I shall also refer to the concept of the psychological parent:

> A psychological parent is one who, on a continuing, day-to-day basis, through interaction, companionship, interplay, and mutuality, fulfills the child's psychological needs for a parent, as well as the child's physical needs. The psychological parent may be a biological, adoptive, foster, or commonlaw parent, or any other person. There is no presumption in favor of any of these after the initial assignment at birth.

Under conditions that lead to the consideration of foster care for children, the facts of a family breakup are in each case compelling evidence that the child will be vulnerable, feeling that his world is uncertain and that his need to feel wanted is threatened.

Of course, the older child will have more capacity to cope with such a crisis through a greater capacity to understand, remember, and anticipate the events that drain or shake his sense of a secure and promising present future world.

The younger the child, the more traumatic and devastating are the consequences of family breakup or the conditions that threaten to bring it about.

Thus, the very conditions that characterize the weakening, disruption, or breakup of a family can be and often are hightened and magnified in their impact on children, especially young children, when foster care becomes an avenue to multiple placements throughout childhood. Foster care should provide a haven for children and a respite for their parents that will insure a safe return of the children to the continuing care of their psychological parents.

The difference between foster care that safeguards children and their families and foster care that enlarges upon and makes permanent the damage caused by family breakup can be measured by the standard of whether the child feels wanted.

Children, especially younger ones, cannot feel wanted if they are separated from their psychological parents for a period of time that exceeds their tolerance to remember the parents and to cope with the absence of that person or persons on whom they have depended.

The bond between children and parents can be ruptured by the passage of time that exceeds the child's ability to remain attached and hopeful. The rupture of such a bond produces hopelessness and an increasing inability to develop a sense of trust—the ability to reattach to the same or another parent figure if there are multiple replacements with repetitive ruptures of new attachments that are at their beginning or fairly well along.

As Professor Joseph Goldstein stated in a recent paper: ". . . through multiple placements for a single child, foster care has come to be employed to keep a child 'familyless' for the duration of his or her childhood."

Foster care is being used for three different kinds of placement.

The first is truly temporary. When it is well done, the child is placed with foster parents who understand the advantage of regular visits from the parents, the frequency being determined by the child's developmental tolerances and capacities. That is, the frequency, duration, and contents of the visits by the natural parents is designed to maintain their relationship as psychological parents, while the foster parents are temporary substitutes who allow the child or children to relate to them without fear of displacing the natural parents.

When such foster placement takes place, as it does all too infrequently, the children have additional parents rather than the loss and replacement of parents. The additional parents would try to provide a continuity of environments, including familiar objects and patterns of care that they would borrow from the natural parents. In this way foster care supports the child's relationship to his parents with toys, food, sleeping, and toileting patterns that help to reinforce the psychological presence of the parents and family setting that is temporarily not available.

A second large group are those foster placements which become permanent. However, with some exceptions, the advantage of permanence is significantly canceled out by the corrosive impact of uncertainty about the past and future. In these instances we urge that the permanence be transformed by a termination of parental rights and by an adoption whenever possible. Where it is not possible, for legal reasons, to terminate parental rights, I recommend that the permanence of the foster home be legally assured.

In the third group, which may involve the largest number of children in foster care in this country, the most tragic consequences follow upon a child living out his or her life in a series of foster homes or in a combination of foster homes and institutions.

I urge that measures be taken to eliminate this pattern of foster care that destroys children and sets up conditions that promote the transmission of this destructive impact on children through these psychologically crippled children becoming inadequate or defective parents when they become adults. Indeed, as Mrs. Strong has pointed out, she is the rarity, one who has transferred her anger and rage into a constructive force in the service of children in her family.

The following classification and guidelines are suggested in order to promote the proper and constructive utilization of foster care and in order to minimize its threatening or harmful effects.

The first is foster care placement or a short-term arrangement in which all of the parties expect that in a relatively short time the child will return to the parents from whom it is separated. Such foster placements should be planned to keep alive in a very careful, made-to-measure fashion the psychological ties between child and absent parents and child. Such placements should be made with a schedule at the time of placement which determines temporariness and beyond which the placement may not go without putting in jeopardy the bonds between child and absent parents.

The second kind of foster placement is foster care with tenure. Such foster care is either established by temporary care becoming permanent by the lapse of time or initially by a determination at the time of placement that while adoption is not an available alternative neither is a likelihood that the child will be restored to its absent parents before the ties to them have been shattered. Under such circumstances foster care would be perceived as permanent—would give tenure to foster family and child and insulate them from the challenges to custody by child care agency and biological parents—except, of course, in cases of neglect.

By separating these two kinds of foster care, the plan can bring into focus the different philosophies and policy purposes which underlie each and which should guide court and agency in making its decisions and foster parents in understanding their job.

To give greater specificity to these guidelines, the plan should provide:

First, criteria for length of time in foster home and temporary shelter.

Second, patterns of assuring, wherever feasible, continuity of contacts and relationships between children and the parents or parental persons they are leaving temporarily and to whom there is a plan for them to return.

Third, availability of round-the-clock consultation and collaboration by professional staff, especially trained social workers, to the foster parents, including those in charge of small group homes, temporary shelters and detention facilities.

In regard to the first and second criteria for length of time in foster homes and temporary shelter and assurance of continuity of relationship with psychological parents to whom the child will return, the following can be viewed as guidelines that are applied imaginatively and flexibly, not rigidly.

In order that the courts can eliminate multiple foster home placements, there should be an orderly system of identifying as soon as it is feasible whether a placement is temporary or permanent.

This system would flag each case for periodic review in order to assure the success of a temporary placement and to make decisive and effective what can become either a permanent foster placement or a plan for adoption. The elapsed time in periodic reviews would depend on the age of the child and the context of the situation which required the plan for foster placement. When children are under the age of 4, ordinarily it would be assumed that the child should not be separated from his original parents for more than 9 months. If the periodic review process indicates that it will not be feasible to return young children to their original parents in that period of time and with the safeguards necessary to assure the continuity of the relationship to these parents, another plan should be established based on what we have termed "the least detrimental alternative."

This new plan must meet the standards of enabling the child to feel wanted by an adult who will make a permanent commitment of continuity of affection, protection, guidance, and care for that child or those children.

The remainder of the criteria which set the stage for these guidelines include the following: Children who are between 4 and 6 years of age should ordinarily not be in temporary foster care for more than 12 months; children who are 6 years and older should ordinarily not be in foster care more than 18 months.

Periodic review should be time to monitor two aspects of the foster placement. Is the plan being carried out in regard to the natural parents' visits and in regard to the natural family receiving their child or children back from the foster placement after the time for placement has elapsed?

Second, if the plan is not working out as it should, for the children involved, another plan must be devised that will provide these children with the least detrimental alternative. For example, release for adoption or mobilizing more resources to help the natural parents maintain their relationship with the children and assist them in being ready to receive them back into their own homes should be provided for.

In other words, if a 9-month foster placement is the maximum placement for a 5-year-old child, the review should take place at 1 month to see if the natural parents are being prepared to receive their child back. There should be one more review after 6 months of placement to determine whether the plan will work out successfully.

If the plan is defective, there should be another plan within 1 week's time which might range from increased efforts to assist the natural family all the way to adoption if this is indicated.

I think I shall stop at this time, Senator Mondale.

Senator MONDALE. Thank you very much. We will put your full statement in the record as though read.

Congressman Miller.

Representative MILLER. Thank you, Senator.

Mrs. Strong, you touched upon the issue of determining the rights of parents. Too often children return to the natural family only to leave again without any determination being made by the agency as to what the rights of those children should be.

Doctor, you also touched upon that subject. I wonder if you might just outline for the committee how you go about either terminating that relationship or determining those rights in the formulation of the plan that both of you have testified to that you would like to see set up for these children.

I assume you are talking about individual plans for review and decisionmaking.

Mrs. STRONG. Do you mean once the child has returned home and then has been placed back into foster care?

Representative MILLER. It seemed to me you were concerned that the child was returned to the home periodically only to be put back into foster care, then back to the home. Really, no final determination was ever made about the hold the biological parents would have on that child, only adding to the sense of impermanence in regard to the child's future.

Mrs. STRONG. What I am saying about a permanent plan, as far as placing the child back with the parents, is that all too often the parents come to court, and there has been no help in helping the parents to readjust, to straighten out the home situation. The parents are receiving no kind of aid.

Once the child has gone home, the case is closed or the books are closed—I do not know how it works out in the court—but there seems to be no followup.

Then someone reports the parent has been neglecting the child, and the child then comes back into care. There could be some kind of help for the parents that truly want their kids back. I think these kids have a right to their families, and I am not counting the kids that are physically abused. I think that speaks for itself.

Dr. **Solnit.** I would like to add to Mrs. Strong's comment the following.

First of all, I think we are at present paralyzed in providing resources for families until children are taken away from them. It is an ironic and bitter fact that the way in which State and Federal funds are made available is that more funds are made available when the child is taken away from his natural family.

I think we must become more capable of providing on a voluntary basis those moneys necessary to allow families to repair themselves without having their children taken away from them.

Certainly, I think it is crucial that if children must be separated from their parents, the court must insist that the agency, whether it is a State or private nonprofit agency that is responsible for supervising the foster placement, be held responsible for seeing that the continuity of contact that is appropriate for a young child, or older child, be frequent enough and of sufficient content that the attachment to those parents be maintained.

We have used as a guideline, for example, that if it is a child under the age of 4, we would insist that child be seen two or three times a week by the natural parents and that the placement be so made and logistics so arranged that those families have not automatically severed their relationship from their children because they cannot see them.

For children up to 4, we have said 9 months would be tolerable; for children 4 to 6, we have set guidelines.

In other words, the court, or whoever is implementing this, must be able to have an early warning system that periodically reviews, not after the fact, but before the fact, whether the plan is going on, if it is failing; what replacement plans should be instituted in order to protect that absolutely crucial ingredient of experience that children have, which is continuity of attachment and relationships either with the natural parents, or to be released to form attachments with new parents.

Representative **Miller.** What causes most of the disruption that comes in placement of children in a foster home situation? Are the natural parents placing claims on the child to take him back either before they are ready or, as you say, there are not resources?

What is the disruptive factor, in most instances, that causes children to be moved either to another foster home or back?

I guess my question is: Is it the foster parents who in some instances grow tired of the situation and no longer want to care for the child, or is it the natural parents laying claim to that child after there has been placement to bring him home because the legal rights have not been established?

Dr. **Solnit.** One of the most tragic facts in this country today is that agencies will remove children from foster placement because the foster parents and the children are becoming too attached to each other. We have been called in on consultation more frequently on that than any other single reason for disruption.

Second, I suspect that children who have already been involved in multiple placements are not easy to take care of.

As Mrs. Strong testified, after they have lost their faith and their confidence in the future has been destroyed one or two times, they often become provocative and difficult because of their anger and because of the uncertainty of their own feelings.

So once the merry-go-round is started upon, it becomes a self-fulfilling prophecy.

Senator **Mondale.** What would be the agency's incentive to remove a child, because the foster parents and the child are becoming too attached to one another? What would be the reason?

Dr. **Solnit.** The historical reason, Senator Mondale, is that legislation or regulations in many of the States indicated that in order to protect the temporariness of foster care it was believed—I think quite erroneously, because it was only seen from an adult's point of view—that foster parents should not become too attached to the children. It was thought that when the children are returned to the natural parents both the children and the foster parents would be too upset.

As you and I know, children cannot wait for replacements; they must have replacements. They can accept additional parents, but they cannot accept the disruption.

So I think agencies have continued to operate under those guidelines, often blindly and needlessly. Those guidelines have become bureaucratized, newer knowledge indicates that they are often degenerative.

Mr. **Evans.** In some States, Senator, it is part of the agency contract to state that you will not consider the foster child for adoption, but fortunately there is nothing in the contract that says you cannot become attached to these children.

We are constantly reminded that you may have to give up these children. I think as foster parents it is easier on us if we keep our role in mind. Life is both giving and giving up, I am told, and for the child there is a stigma in being a foster child, and unfortunately many of the families have been stigmatized too.

But if the child has undergone the trauma of separation from his own family and the trauma of placement in another family, then he is faced with the trauma of a potential separation from his foster parents.

It is much easier with us if we know he is going to go back into a good home, as Donna pointed out, but if he is not, then we become very much attached to him. This is just simply what it is all about.

We are attached to our former foster child, and he is now adopted, and we have two guardians and two long-term foster care children. So that is a part of the problem.

Representative **Miller.** Do you think that the understanding of impermanence is a hindrance to finding foster parents?

Mrs. **Strong.** Yes.

Mr. **Evans.** It is to some, but we try to buffer it in some way by pointing out it is better to have loved them and provided a home for them than never having had them at all. It is a very difficult situation, but you cannot keep a child in your home for an indefinite period and not become attached to that child. Their lives become your life. Also society treats you as if you are their parent.

There is not much of a line between being a psychological parent and a biological parent.

Representative **Miller.** What number of foster parents make application for adoption?

Mr. **Evans**. I would not have any estimates on this, Mr. Miller, but I know it is increasing. We have adoptive parents within our organization, and I think it is a good sign, very healthy sign.

Something must be done to free these children from the impermanence of foster care.

Representative **Miller**. This is bringing out the worst in mankind, but could it be possible that there is some incentive to the State to keep this sense of impermanence because there may always be slots available to deal with children on a crisis basis? They can simply keep moving children around a little like musical chairs. They are always one short, but there is always one child in suspension so that they can go to the holding facility and keep moving children within really an unacceptable framework.

Mr. **Evans**. I do not think most States would have to go looking very far within their communities to find children that need substitute care. We estimate that for every four children in foster care there are another two that could be in foster homes if we had adequate homes and services for them.

Dr. **Solnit**. It might be also, Mr. Miller, that you find more parents, more adults, wanting to be foster parents if your assumption could be turned back.

I am sure you may be right, but it seems to me if foster parents would have a better feeling about their experience with foster children, and being able to return the children to their natural parents, we might find more adults eager to provide those chairs that you mentioned.

Senator **Mondale**. Dr. Solnit, to state the obvious, would you say that there is no adequate alternative for a healthy family of which the children are a part? Should that be our prime objective with all the children—to place them permanently as part of a healthy family? Is that where we ought to begin?

Dr. **Solnit**. That is correct.

Senator **Mondale**. There is no dispute on that at all.

Would you also say from your studies that far too often children are taken from families for reasons of family breakdown, without adequate attempts to try to deal with the problems of their family in place and to keep the child there if possible rather than separate families?

Dr. **Solnit**. Yes, sir. It has been our experience over and over again in our clinic, in consultation and in collaboration with legal assistance, that very often families are unable to receive the assistance—psychological, financial and social—that would enable them to keep their children and to allow the children to maintain the continuity of their relationships in an intact family.

Senator **Mondale**. Mrs. Strong had a situation where she was returned to her natural father and stepmother but then badly abused. Then the alternative was to be put in a foster environment, unattended and uncared for, for I think about 3 years.

Which would you have preferred at that time, looking at attempts to try to deal with your parents' problems as a child of that family or what you went through?

Mrs. **Strong**. As a 10- or 11-year-old child I guess with my family.

Senator **Mondale**. We went through this during the child abuse hearings. We found repeatedly, that abused children much preferred to be with their parents, even though they were being badgered.

Mrs. Strong. Anything was better than not belonging anywhere, and at 12 I ran away.

Senator Mondale. At least you were the child of a family. You had that status, for all of the abuse.

Dr. Solnit. I wonder if I might just add to that. It is repeatedly called to our attention that such a relatively inexpensive resource as more homemakers, which would allow children to be protected and the family to receive shoring up is rather difficult to achieve unless the family is indicted first.

Senator Mondale. Yet the preventive side is clearly the preferable thing, and that is where we are not too strong.

Mrs. Strong. Being a foster parent I realize we may have some children in our homes for as long as 1 year without parental visits. Often the parent will make a visit 1 week before the hearing. Often the parent does not know how to handle the situation, does not know the first part of parenting.

What are we doing to these parents and kids by sending them back when the parents, if provided help, could probably be good parents?

Senator Mondale. You are a foster parent as well. You have two or three children?

Mrs. Strong. I have eight children.

Senator Mondale. How many are in foster care status?

Mrs. Strong. Including my guardian, I have five.

Senator Mondale. Each of these children you are caring for receives some payments for their care; is that correct?

Mrs. Strong. Yes.

Senator Mondale. If you decided to adopt one, you would lose all those payments, would you not?

Mrs. Strong. Yes.

Senator Mondale. So even if you wanted to adopt a child, when you are a family of normal financial means, there would be a very strong disadvantage to do so.

Mrs. Strong. Mostly it is because I could not afford it. I did adopt one teenager, yes.

Senator Mondale. In other words, if you could carry the same financial support for the upbringing of your foster children that you receive now if you adopted them, you might be inclined to adopt them and make them a part of the family, would you not?

Mrs. Strong. Yes; I would. However, I still feel that a great need for the teenager foster homes——

Senator Mondale. Yes. I am not arguing that at all.

Mrs. Strong. I would adopt them all, yes.

Senator Mondale. I think there is a strong financial disincentive in the system now to adopt. Would you agree with that?

Mr. Evans. Yes; Senator Mondale. What we really need are more good people who care about children. I think it just comes down to that very basic.

We have adopted one. I have two guardians at the present time, and we cannot adopt the two foster children until we work it out financially within the family.

Senator Mondale. It is rough if you are going to care for children. It is expensive, and most people are of moderate means in these inflationary times. With all the pressures of the cost of education and post-education, it is just terribly difficult. But the incentives are such that you are almost paid not to make them a part of your family, are they not, even if you would like to?

Mr. EVANS. I do not know whether the incentive not to is there, but these children become part of your life. It makes no difference whether you are receiving a payment or not. It is just that you have to go on with them.

Senator MONDALE. Let us take the situation of the child in your home who is there in foster status who is loved by you and your wife and who loves you. Is there not still a psychological block for that child personally if that child continues to have foster care status? Is that child still not something short of a full member of your family?

Mr. EVANS. I have said one of the happiest days of my life was when we proceeded to adopt our first foster child. It was one of the saddest ones also because the two long-term foster daughters fully understood that one had moved and they had not moved. They understand that terminology that we use.

Senator MONDALE. Yes; and the ones who are not adopted might have asked themselves: "What is wrong with me?"

Mr. EVANS. We tried to point out there is nothing wrong with them.

Senator MONDALE. I know that, and I hope you did well. I do not know how you explain to the child the laws and the termination of parental rights, and explain the system to them, if there is a system—sometimes I wonder if there really is one.

Mr. EVANS. But you become so much a part of their lives that you want to do something for them.

Senator MONDALE. Thank you very much. I would like to ask many more questions, but we have a rather full hearing scheduled.

Our next panel consists of Commissioner John C. Young of the Community Services Administration, and Acting Commissioner, Assistance Payments Administration, of the Department of Health, Education, and Welfare, and his assistants.

Will you please come forward?

Congressman Brademas cannot be with us. He is just returning from a conference of the World Council of Churches in Nairobi, and asked to convey his regrets.

Mr. Young, perhaps you can skip the beginning and get right down to the meat of things here.

STATEMENT OF JOHN C. YOUNG, COMMISSIONER, COMMUNITY SERVICES ADMINISTRATION, AND ACTING COMMISSIONER, ASSISTANCE PAYMENTS ADMINISTRATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY NICK NORTON, DEPUTY COMMISSIONER, ASSISTANCE PAYMENTS ADMINISTRATION; MICHIO SUZUKI, ACTING DEPUTY COMMISSIONER, COMMUNITY SERVICES ADMINISTRATION; FRANK FERRO, ASSOCIATE CHIEF, CHILDREN'S BUREAU, OFFICE OF CHILD DEVELOPMENT; AND PAUL SIMMONS, SPECIAL ASSISTANT, OFFICE OF DEPUTY ASSISTANT SECRETARY FOR LEGISLATION, A PANEL

Mr. YOUNG. All right, Mr. Chairman.

Good morning, Mr. Chairman and Congressman Miller.

I understand, Mr. Chairman, you would like me to cut through some of the history?

Senator MONDALE. Yes; we are very familiar with that.

We will put your entire statement in the record at the conclusion of your testimony, but if you can get right down to the policy questions that are before us, I would appreciate it.

Mr. YOUNG. I think, then, I will go to page 8, where I think it would be interesting to get some of the historical numbers read out, and then we can respond to your questions.

Senator MONDALE. All right.

Mr. YOUNG. When a State exhausts its ceiling for services financing, it seeks to redirect foster care expense to title IV-A. This phenomenon may explain the dramatic increase from $47 million in 1974 to $100 million in 1975 in New York's title IV-A foster care expenditure.

Total expenditures for the AFDC foster care program for fiscal year 1974 were $170 million, of which the Federal share was $92 million. These expenditures were for financial assistance payments for 93,000 children.

Estimates of the State for fiscal year 1975 are total expenditures $262 million; with the Federal share, $140 million. These payments were for 109,000 children.

Under title IV-A, AFDC, for fiscal year 1975, the total expenditures for social services for foster care were $351,382,000. The number of children in foster care receiving services under title IV-A this year reached an estimated 350,000.

Under title IV-B, child welfare services, for fiscal year 1975, the total expenditures for foster care were $370,910,000, of which the Federal share was $22,533,000. The number of children receiving foster care was an estimated 112,400.

An analysis of the State annual comprehensive service plans—these are the plans pursuant to title XX—cannot produce a clear indication of the scope of foster care services to be provided under title XX this year.

In some instances, foster care services are subsumed under broader service headings, such as protective services for abused and neglected children, counseling, and home management services. In other instances, States have combined child and adult foster care in their descriptive plans.

Senator MONDALE. What is a rough estimate of how much the Federal Government spends on foster care now?

You talked about IV-A, IV-B, maintenance payments, and so on.

What would be a ball-park figure of how much you spend?

Mr. YOUNG. About $700 million.

Senator MONDALE. Are you talking about State payments, too? I am just talking about the Federal.

Mr. YOUNG. That is combined.

Senator MONDALE. What would the Federal be?

You figure $700 million approximately for Federal, State, and local, and how much Federal?

Mr. YOUNG. Approximately $500 million, Mr. Chairman.

Senator Mondale. How many children do you care for as a part of that $700 million figure?

Mr. Young. We have 350,000 children.

Senator Mondale. 350,000?

Mr. Young. Yes.

Senator Mondale. Is that at any one time, or is that the average on any given day?

Mr. Young. That is the cumulative number of children who are served.

Senator Mondale. What would you be serving on an average day?

Mr. Young. It is about the same.

Senator Mondale. In other words, the average daily foster care load level supported, in part, by the Federal Government now is about 350,000? Is that about right?

Mr. Young. Yes, sir.

Senator Mondale. Now, we figure, based on an earlier letter received from Mr. Young, that the money spent at the Federal level was about $345,000, and you said $500,000. Am I incorrect?

Mr. Young. You are probably not. That was made in a more deliberate sense to respond to a letter.

Senator Mondale. Would any of your staff have more exact figures?

Mr. Suzuki. The Federal payment for 1975 is $140 million.

Senator Mondale. That is for maintenance. I thought he just said $92 million in his testimony.

Mr. Suzuki. That was fiscal 1974. It is up to $140 million.

Senator Mondale. Oh, it is rising. Is that because the number of foster children is going up?

Mr. Young. Probably that is because the Social Services' ceilings are being met in some States. I imagine there is some shifting from the 75-percent match which we provided in Social Services. There has probably been some coverage that would have been reported under the 75 percent that would tend to go back into the maintenance match which is 50 percent.

Senator Mondale. Then IV-A maintenance is 50-50; Social Services is two-thirds?

Mr. Young. Seventy-five.

Senator Mondale. It is three-quarters. I thought you said the maintenance payments were $140 million.

Mr. Young. Yes; right. It is $140 million.

Senator Mondale. Would they not be trying to push more of that money into social services rather than IV-A?

Mr. Simmons. It is happening the other way around, sir.

Senator Mondale. The States hit their ceilings of social services and they have no alternative but to go back to IV-A?

Mr. Simmons. Or they direct more of their money into other priorities.

Senator Mondale. Pardon the interruption. I am just trying to get those figures.

Mr. Young. The Social and Rehabilitation Service has funded, and is continuing to fund, a number of projects relating to foster care under its research and demonstration program.

One such project, now completed, was carried out in the Columbia University School of Social Work. The purpose of the project was to assess the characteristics, functioning and attitudes of families whose children were placed in foster care and the capacity of those families to assume parental responsibilities when children were returned to their own homes.

The Child Welfare League of America undertook a series of studies of foster care needs and services in several urban and rural areas in the United States. One was an incidence study of requests for foster care services and agency responses in seven cities. Another study reported on the results of subsidized adoptions and planned long-term foster family care. A third suggested the problems of children lost in the foster care system and suggested alternative methods for preventing these problems from arising.

One current foster care project under the auspices of the Kansas City Social Welfare Research Institute, is to test benefit and costs of periodic case reviews on the length of placement and appropriateness of choices of types of placements for children in foster care.

Senator MONDALE. What would you say those studies have shown you in general terms?

What do those studies teach you?

Mr. YOUNG. I go back to some earlier testimony that was given this morning, Mr. Chairman, that children can be lost in the foster care system. That is, it is possible for a case worker, either through having too large a caseload or not having a system to keep track of the children put into foster care, to remember that Johnny is located off in a foster-care facility.

Perhaps the child has been there beyond any recommended period of time, whether it be 4 months, 12 months, or 18 months, to go to some other recommendation that came out in the earlier panel.

They lose touch with the problem that they have to go back and inquire whether there are other possibilities for that child. That is one of the things I think you will be getting into with other witnesses, that children do get lost, and one of the problems is to find mechanisms for the caseworker to become aware of where the child is and what is best in the next step of evolution for the child.

The Office of Human Development, through the Children's Bureau, located in the Office of Child Development, also has broad responsibilities relating to foster care, primarily in the areas of research, demonstrations, and technical assistance to the States.

The Children's Bureau role is to gather and develop information about foster care through research; to develop and to test promising service delivery designs, through demonstrations, such as curriculum for training foster parents; to develop program aids, such as model foster care standards and a model law for the freeing of children for permanent placement; to disseminate information, such as standards and model laws nationwide; and to provide technical assistance to public and private agency service providers.

The Children's Bureau does not provide funds for the direct delivery of foster care services, except as an eligible State might include foster care as a part of its State child abuse and neglect project.

The Children's Bureau funds for foster care include title IV-B research and demonstration activities, staff activities, and limited foster care costs under child abuse and neglect grants.

The Children's Bureau title IV-B research and demonstration activities focused on foster care total $1.7 million in fiscal year 1976. Children's Bureau activities include the development of a foster care cost assessment instrument; freeing children for adoption or arranging for permanent foster care; assessing the process of the deinstitutionalization of children—in institutional foster care; working with State and local committees to improve foster care; working with States for the adoption and implementation of the Interstate Compact for the Placement of Children, as a means of increasing the number of foster care placements, while providing safeguards of the quality of care; and providing assistance to States interested in enacting the Model State Subsidized Adoption Act.

That act provides subsidies on behalf of children with special physical, mental, emotional, or cultural needs to enable them to be adopted. Through such subsidies, many foster parents will be able to adopt their foster children.

There is great variation among the States in their resources, commitment and capability to provide adequate foster care to the children and families in need of such services.

Despite a serious lack of information, foster care services can be vastly improved through the application of existing knowledge and the development of rational State systems of child welfare, of which foster care is one major component.

Coordination of local effort can be significantly improved through the control of the allocation of funds, the application of standards, and the improvement of licensing procedures. These are State responsibilities that can be implemented under an improved management approach.

We have not placed much stress on research, yet we are convinced that we need a great deal more knowledge than we have to deal with the clinical issues, particularly those pertaining to the critical decisions concerning the separation of the child from the family and the choice of an appropriate foster care facility. Research efforts should be focused on child welfare, particularly foster care, with greater emphasis on evaluated demonstrations and the implementation of significant findings.

This country faces a number of problems in relation to the foster care of children. For example, undoubtedly too many children are removed from their own homes and placed in foster care. This seems to be particularly true of children who are reported to be abused or neglected.

All States now have a law making it mandantory that the abuse of children be reported by certain named professionals, doctors, teachers, social workers, et cetera. All but four or five States now include the reporting of neglect as well. This has greatly increased the number of these reports.

Because of the lack of workers in this area of protective services, however, many of these cases are handled on a crisis basis. They lack the longer term services that are required in working with abusing and neglecting parents if these children are to be allowed to remain in their own homes. Hence, many precipitous placements take place.

Another problem in relation to the foster care of children is that many of these children remain in foster care for far too long. After children have been removed from their homes, it takes great skill and time to work with the parents to correct the conditions that lead to placement of the children. Many workers carry too many cases and many lack the necessary skill to provide these services.

Some innovative services are being provided to children in their own homes as well as to those in foster care. Imaginative use of day care homes to relieve pressures in the child's home is a good preventive service.

Senator MONDALE. Excuse me.

Approximately how much money does the Federal Government spend now on prevention; in other words, working with families to see if they can deal with the problems which contribute to the need for foster care?

Mr. YOUNG. That is going to be difficult to answer.

In the IV–B program, the Federal Government puts out $46 million.

Senator MONDALE. That goes for all kinds of things?

Mr. YOUNG. That goes for all kinds of things, child welfare services, but largely it goes for foster care services.

Senator MONDALE. So that IV–B mostly goes for foster care?

Mr. YOUNG. Yes; it does, and one of the themes we would have is that States concentrate more on preventive services.

Senator MONDALE. Yes; but I am trying to find out how much we are spending now on preventive services to help the problem of keeping families together.

Mr. YOUNG. Homemaker services?

Senator MONDALE. Or anything that falls within the category.

Mr. YOUNG. Day care.

Senator MONDALE. No; not day care. I am talking about trying to keep families together so they do not have to take the child out and put it in foster care.

Mr. SUZUKI. Senator Mondale, you would have to include, I think, day care in many of the cases, but the figure I would give you, if you take the title IV–A services now, the title XX services program, where you approach the dimension of $2 billion, the historical pattern has been three-quarters of that money—and it is evening to 50–50, but it has been going to families and children's services; in other words, the service program we have had for over a decade.

Senator MONDALE. That would include day care?

Mr. SUZUKI. That would include day care. That is the biggest piece of that activity.

Senator MONDALE. What other?

Mr. SUZUKI. Homemaker services to children.

Senator MONDALE. What are homemaker services to children?

Mr. SUZUKI. I mean families where children are involved in contrast to services to the blind, to the handicapped, et cetera. These are payments just to support the families staying together and maintaining the household, but also teaching homemakers who go in. Maybe the mother is there but needs more additional help.

Senator MONDALE. How much is that?

Mr. SUZUKI. I cannot give you an exact figure on that.

Mr. YOUNG. I guess the homemaker is about $100 million.

Mr. SUZUKI. I am afraid we are mixing the adult homemaker as well as the children.

Senator Mondale. You think it is high, but you do not know the figure?

What is the homemaker figure?

Mr. Suzuki. I think that is of the magnitude of about $100 million.

Senator Mondale. How much of that is for the aged?

Mr. Suzuki. That is what I would not like to hazard a guess on. We can get the figures for the record and give you our information.

Senator Mondale. Could you get us a breakdown. I agree that some day care has relevance to family health.

We found out in child abuse that one of the best things that Parents Anonymous does is get the kids out of the house so that the mother can go to a movie or shop, so she does not explode in rage.

I am sure some modest proportion of day care can be described as family strenghtening or preventive help for families.

But I would like a careful analysis made of how much we are spending to keep families together when they are under stress and producing the kinds of problems that result in the need to take children away from the families. Can you try to develop those figures?

Mr. Young. We can give you an estimate of that number, Mr. Chairman.

Senator Mondale. I do not like what you just said. I would like the figures. I do not want any guesses.

We surely would not be spending millions of dollars on these programs without knowing the figures.

Mr. Young. We do not have exact figures.

Senator Mondale. If you are telling me there is no way of knowing, I think that is an even worse answer. We have a $700 million program to put people in foster care, and yet we cannot give any answers about how much we are spending to keep kids in a family which is under stress—I think that is a worse answer.

Mr. Young. One of the biggest issues we have in the States now is improving the quality of information that they provide us, because that is where we are going to get the information, from the State output programs.

We are at the tailend of a 2-year program to put new operating systems in place. They are going to give us better information, but until those systems are operable, I would not be leveling with you if I said we could give you exact figures. We can give you some pretty good calculations, however, but they are estimates.

Senator Mondale. But there must be some ballpark figure that we can come up with.

Mr. Young. Yes, sir. That is what we will provide.

Senator Mondale. A ballpark figure that is a reasoned intelligent guess as to what we are spending now on trying to keep families healthy with preventive services. To the extent that you cannot find out, I want you to suggest to us why you cannot find out.

In other words, let us know if States will not answer or if these figures come in in a way that you cannot evaluate them, so if there are no answers, we can find out why there are no answers.

Mr. Young. As we did in day care, we entered into some special services.

Mr. **Suzuki**. No matter what the figures are, I think there is very little question on this side of the table, in terms of the dollars that are spent, that the proportion, I think, is wrong.

All these studies have indicated that we wait and go into the crisis. It is very clear when the child needs to be moved you can somehow get the money or the first priority.

I think the figures will show in terms of total effort the balance should go the other way. I think we know that.

Senator **Mondale**. That is, of course, what I am trying to get at, prevention versus what you do.

Mr. **Suzuki**. Again that is where the money goes when you have limited resources. We cannot generate the resources until there is a crisis. Then we move in, and I think the delay is very counterproductive for the children and families involved.

Senator **Mondale**. Do you have any figures on how much we spend federally and, if possible, Federal, State, and local portions on adoptive services?

Mr. **Young**. That is very small.

Senator **Mondale**. What do we spend approximately?

Mr. **Young**. Remember, in title IV, it was very restricted, and we are talking in the order of magnitude of $30 million as an upper figure.

Mr. **Suzuki**. Historically, there was no Federal funding for adoptions in any significant way, and you will now find that there were some innovative States.

Mr. **Young**. Mr. Suzuki's California, I think notably, was the one.

Mr. Chairman, title IV did not provide that opportunity. Title XX provides that kind of opportunity if States wish to make that election.

Senator **Mondale**. What is the approximate Federal figure now for adoptions?

Mr. **Young**. Services, adoption services?

Senator **Mondale**. Yes.

Mr. **Young**. I would say we went out of title IV at an annualized rate of around $30 million. In analyzing the comprehensive title XX plan, we do not perceive a significant volume there.

Senator **Mondale**. Can we similarly get a precise estimate from you on how much is going toward adoptions and get the State and local figures there?

Mr. **Young**. The way we are going to do that, sir, is to compile the title XX plans that have been before it. What I am telling you is, as of the compilation we have done so far, the adoptive services have not picked up. It is a marketing problem that we all have, getting States that now have the right to design their own programs to pay more attention to adoption opportunities.

Senator **Mondale**. Why would you say you are having trouble getting them to do that?

Mr. **Young**. We are not detecting. Services in the title XX plan have not come through in a meaningful level. It has been an insignificant level.

Senator **Mondale**. Why do you think it is insignificant?

Mr. **Young**. Because an examination of the plans will not find insignificant dollars——

Senator **Mondale**. Yes; I understand that is true, but why?

Mr. Young. Probably because the title XX came on us so fast that State management did not have time to reorient from title IV type planning to any other type of needs assessment.

Senator Mondale. When did the social service program begin, in the late 1960's?

Mr. Suzuki. The 1967 amendments.

Senator Mondale. Yes; it has been around for 8 years. Surely that is time to determine the underlying problems.

Mr. Young. There is a significant problem we have solved. The problem was the title IV regulations did not allow Federal participation financially for adoption services.

Senator Mondale. But it does now under title XX?

Mr. Young. Under title XX, States can do what they want to do as long as it meets requirements.

Senator Mondale. Coming late in the game then with the other demands on title XX money carried over from the old title IV program, I suppose that is a problem, too, that the money is used up.

Mr. Suzuki. Also the number of children being placed today in adoption—other people in the room, I am sure, will have more exact figures—but a significant portion of children adopted are now coming out of the foster care status in contrast to earlier times when you were talking about the newborn infant who was being adopted.

This is changing. I would think that our foster care figures for services also reflect, I am sure, a significant portion of that is in the foster care.

In other words, if the child is in foster care, and you talk about services, some of that activity may be freeing that child into adoption, but historically, services would not pay for adoption costs, so you really have a very slow startup.

Much of it is in private and State funding historically.

Mr. Young. But I think it is something for the committee to focus on, that in preparing title XX plans, States largely looked at the old supply; in other words, what services were being offered prior to title XX by the States—the services that were provided by the States' own agencies.

Now, there is a whole new concept, and that concept is to assess the needs and then solve your problems. Here is an opportunity for people to satisfy the States' opportunities for adoption services and determine what are the costs and benefits.

Senator Mondale. As I calculate the costs of the foster care, if you take the $700 million and divide it by the 350,000 it comes out to $2,000 a year.

Is that approximately right?

Mr. Suzuki. Yes.

Senator Mondale. $2,000 per child.

Mr. Young. Yes.

Senator Mondale. What has been the trend in foster care support in this country? Has it been going up, the numbers involved?

Mr. Young. Yes.

Senator Mondale. Can you give me figures of the rate of foster care in this country?

Mr. Young. In terms of growth?

Senator Mondale. Yes.

Mr. **Young**. I think I have some statistics. It is increasing.

Mr. **Suzuki**. I can give you a comparison from one report that talks about trends between 1960 and 1971. The figures in this report, prepared for the committee, indicate 251,000 in 1960 with something like 330,000 children in 1971. I think that trend line is still going up.

Senator **Mondale**. Give me those figures again, please.

Mr. **Suzuki**. This is in the report.

Senator **Mondale**. Yes.

Mr. **Suzuki**. In 1960, the number of children in foster care was cited at 241,000; in 1971, 330,000.

Mr. **Young**. Those are the Department's numbers, I believe.

Senator **Mondale**. Yes. If I read your testimony correctly on page 8, the amount of money in that statement comes out to $983 million and not $700 million, for foster care; is that correct?

So then that would bring it out to about $2,800 a child per year rather than $2,000.

Mr. **Simmons**. Senator Mondale, I believe you are counting the local share in IV–B.

Senator **Mondale**. Yes. That $700 million was local share, too, was it not?

Mr. **Suzuki**. Yes.

Senator **Mondale**. I am trying to figure out how much money is being spent in foster care.

Mr. **Suzuki**. That varies.

Some is for services, some is for the cost of care and services.

I think we are talking about an average of $2,000 a year.

Senator **Mondale**. Here it says $980 million the way I read it. That would make it $2,800.

Mr. **Suzuki**. I think that is high.

Mr. **Simmons**. I think you are adding 1975 plus.

Senator **Mondale**. Are those not all 1975 figures?

Mr. **Suzuki**. 1975 AFDC services is $351,000.

Senator **Mondale**. Where does the $700 million come from?

Mr. **Simmons**. It is our mistake, Senator. You are correct. It is 983.

Mr. **Suzuki**. With the figures divided by 450. It is about a 450 figure that you are dividing.

The 350 are those for whom the Federal Government is paying cost of care. There are many areas where the Federal Government is not paying cost of care but is just paying services costs. The figures in much of this material talks about children in total care, an estimate of 450,000 children.

When you add up all these figures, you are picking up IV–A, IV–B. You are picking up a series. Some of these costs duplicate, but you are really talking more about the magnitude of 450,000.

Senator **Mondale**. Average daily figure of 450,000.

Mr. **Norton**. If you look at page 8, you will find we indicate there are 350,000 being served under title IV–A. In the next paragraph, which is the last paragraph on page 8, we indicate an additional $370 million for an additional 112,000 children.

Senator **Mondale**. Under IV–B.

Mr. **Norton**. Under IV–B.

Senator **Mondale**. Would it be fair to say on any given day there would be 462,000 cared for under IV–A or IV–B?

Mr. Suzuki. In the part that we skipped in the opening testimony, at any one time, any single day, the figure that was put together was between 400,000 to 450,000.

Representative **Miller.** Does that include children in other living arrangements?

Mr. Suzuki. That includes children in foster care, residential care, group care, and good homes.

Senator **Mondale.** That is how I think you ought to define this. This is care outside the home.

Mr. Norton. For protective services given by social workers under the IV–B program and including this huge amount of money spent by States over and above the Federal IV–B, $46 million can be provided to children in their homes.

Senator **Mondale.** How many people work in your Department?

Why can we not get this so we can understand it?

You know, I got through law school. I am not the brightest person in the world, but there ought to be some way of getting this in a form that people can understand. How can anybody understand this?

Meanwhile, the kids are out there.

Mr. Simmons. There is no requirement, Senator, on the States to report to us what they are doing in non-federally funded areas.

Some of these estimates include our estimates based on studies in the field and based on what the States tell us is going on, but you cannot expect the Department to have a full grasp of the field when so much of it is not federally funded.

Senator **Mondale.** I am sure that is true.

Mr. Suzuki. Also, the one thing in part of the paper that we skipped, when you get to the issue of foster care, one figure is foster care in terms of the cost of the care of a child, and then another figure referred to as foster care services which really is the placement and all of this.

Senator **Mondale.** I think we could get through that. We could understand it.

Mr. Suzuki. I think the figures are there, perhaps displayed poorly, but they are there.

Senator **Mondale.** Do you understand it, Mr. Miller?

Is there anybody back here who understands it?

I am sure it is not totally your fault. I am sure a lot of this is fudging figures coming in from all sources, but it would help this committee an awful lot if we could get these things in some kind of usable tangible form, so we would at least know what we are talking about.

There is no point in debating unless we can resolve the facts.

Representative **Miller.** I think, if I may interrupt, one of the concerns would be your exact definition of foster care, when you come up with this figure of 350,000 or 450,000 children.

How permanent or how temporary do you require the situation to be before you define a child in the foster care situation?

I think it is very important that we know the numbers. I do not think it is sufficient to say that there are a lot of children out there who are not federally funded. I think the concern of this committee is how many children are out there.

I think that is a very important statement, because it may be that this is a drop in the bucket. It may be close to a billion dollars we are talking about as far as those who have need.

The other question is of those children out there who are not federally funded, are they taken care of adequately or are they not, because again that is a concern of this committee. It has to be.

So it is not sufficient to say that we are not concerned with them, because they are not wards of the Federal Government, if you will. We have to know something about that population.

I see from your testimony you have undertaken a number of research studies, but you do not tell us anything that you found out.

Where did you find out about the families and the problems of separating the child?

What have you found out? What is the result of the Columbia University study? What did you find out about the characteristics of those families whose children have been taken away from them and placed in a foster situation?

I think that is what the committee wants to know. With your testimony and the testimony of the previous witnesses, we want to know how to terminate those relationships when they become detrimental to the child, so the child can go for long-term placement.

Mr. YOUNG. I think with respect to the numbers, they are strewn throughout the report, and what we would like to submit for the record then would be a one-page summary that indicates the sponsorship, the dollars, the number of children not involved, plus those children that are involved in public supported programs.

Senator MONDALE. Would it not be fair to say, Mr. Young, that one of the problems you have and we have is that the data you have has traditionally been in a very sad shape, and, therefore, it is very difficult to know how just to answer these questions, because your data do not help us much, and this has been true for a long time?

Mr. YOUNG. It is the history of this program.

Senator MONDALE. That is right. Only with the advent of title XX have we started to get some figures from the field that give us some notion of how many are involved.

Mr. YOUNG. Title XX is the public articulation by the States to their citizenry of where the money is going.

Let me say also in the area of adoption, for example, the information is very murky in the title XX plans. It is not good yet. I cannot bring you a crisp analysis of that. We hope in the next year's plan the States will focus on that, and we will be able to have more information.

Senator MONDALE. Yet the Federal Government spends half a billion in this program.

Does that not entitle us to ask a few questions and get a few answers?

Mr. YOUNG. Indeed, it does, and I think it entitles the Department to ask the States themselves to supply a lot of information.

Senator MONDALE. Let us suppose the average child in foster care costs $2,200 a year. One figure is $2,000, another is $2,800. Let us just figure on $2,200.

Let us suppose we spend federally $50 in prevention and $5 per child on adoption.

Do you not think you might save a lot of money by shifting those priorities to prevention and adoption, also based upon everyone's belief that we should give the child the one thing that is needed most?

Mr. Young. More importantly, with respect to what we have before us, if the States were to think that then I could come in here and categorically state to you what the title XX plans are, and where they put their priorities, they have not done that because they have not done that analysis.

These are things we need to have the States focus on, whether these are cost benefit opportunities.

Representative Miller. Will you direct the States to do that in formulating their plans for next year?

Mr. Young. We will provide technical assistance to the States to do that.

Representative Miller. But my understanding is you share some of the same concern we do—that they have not developed a sufficient informational base for you to make decisions concerning adoption figures. Are you planning to direct them to try to develop that base so you will have it in next year's plan?

I am fearful that next year's plan will come in, and we will find it inadequate, and then we must wait for another year.

Mr. Young. Two things, Congressman Miller.

First, with respect to the information base, we do have directions to the States on developing that, and that information will become available during this current program year.

With respect to technical assistance to the States in development of social service strategies, we can offer technical assistance to the best of our ability, and a large amount of that will come from the Children's Bureau, represented here, where we put that up for their consideration, that they ought to do these assessments, look to the opportunities to have a $5 situation replace a much more expensive situation.

But it is going to take a long time to put in place. There are 51 jurisdictions, and these are very large States which are reluctant, for example, to get into the information development business.

Representative Miller. But look at the budgets you are talking about. Your answers are that you do not know. What I want to know is whether you will supply for the committee the memorandum or the letter that you will send to the States directing the kind of information you want to know.

If your experience this past year is that it is insufficient, let the States answer and say they cannot develop it.

Mr. Young. I would love to provide that to you. We have something called the SSRR that is out to the States for compliance, and the States are lobbying very hard so as to not to provide that data.

I would be pleased to give you our information requirements and let them lobby directly at you.

Senator Mondale. Be careful, Congressman.

Mr. Young. I would love to get you involved in that. We need more support.

Mr. Simmons. We have found an enormous reluctance among the States to get into any kind of information systems that would prove not only to us, but to themselves, how effective their services are.

I have gone through this experience personally in New York and others in other States. The States do not want to do it for a great number of reasons. Some of them border on the privacy issue, some border on the simple matter of wanting to hide as much of what they are doing from the Federal Government as they can in order to maximize the Federal dollar.

Senator MONDALE. Then the social workers with some degree of persuasiveness say they are overwhelmed with paperwork.

Mr. SIMMONS. Right. But the problem is if you are coming to Washington to talk about the amount of Federal services funding, you have to show that federally-supported services work. Everyone agrees that is what they have to do, but no one wants to produce the information to show this.

We are doing what we can to cut into the privacy safeguards. The basic idea is to get some broad data down here so when you ask these questions, we can give you the answers.

Senator MONDALE. I do not know how you can determine policy questions here unless we can get some answers to these questions.

Mr. YOUNG. I do not know how States can make justification that they are going to spend the money and explain that to their electorates.

I think what the history is, Mr. Chairman, is that the Department, plus the statute, has not been able to get the States to respond well in information development, and the suspicion in title XX is that Governors and State Administrators in dealing with the electorate and putting their plans in the public eye, and indicating what categories are located where, for what kind of services, are going to have to have hard data because people are going to come in and compete.

Right now, we have children versus the handicapped versus the aged, all competing for social services, and the kids are not winning at all.

We have amendments we are looking at now that very much favor drug abuse programs, mental health programs, which will largely shape dollars going into hospitals due to congressional actions.

We are responding to a lot of pressures now with respect to senior citizen sectors to make adjustments in eligibility.

Senator MONDALE. It is called democracy, and if we could have better information, we might act more wisely.

I think from what we have heard—and we do have to get on to the next panel—there is an inadequate amount going for prevention, an inadequate amount going for adoption. Right now, the great preponderance of money is going for the foster care system, which is essential, and many children are cared for necessarily very well, but the incentives are tilted toward a continuation of rootlessness for a child which everyone agrees is the wrong way to go.

It may be if you tilt some more of this money in both directions, prevention and adoption, we might even save money.

Do you agree with that?

Mr. YOUNG. I agree that preventing home breakup could reduce a lot of foster care payments, maintenance payments particularly. That is a cost benefit kind of thing that McNamara could have done in the

Department of Defense. He would have said, "Yes, it saves a lot of money."

I would agree that, very definitely, that is the case.

Senator MONDALE. I beseech you to try to get the best answers you can to these questions, and if you cannot get them, tell us why.

Thank you very much.

[The prepared statement of Mr. Young follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

STATEMENT OF JOHN C. YOUNG
COMMISSIONER, COMMUNITY SERVICES ADMINISTRATION,
ACTING COMMISSIONER, ASSISTANCE PAYMENTS ADMINISTRATION
SOCIAL AND REHABILITATION SERVICE
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BEFORE A JOINT HEARING OF THE

SUBCOMMITTEE ON CHILDREN AND YOUTH
COMMITTEE ON LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

AND

SUBCOMMITTEE ON SELECT EDUCATION
COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

DECEMBER 1, 1975

I appreciate the opportunity to appear before these Subcommittees to express the views of the Department of Health, Education, and Welfare on the vital issue of foster care of children.

Foster care of children, which is care outside a child's own home in either a foster family home or child caring institution, involves a large number of children in this country. From 400,000 to 450,000 children are in this type of care at any one time, under the auspices of both public and voluntary agencies. About three-fourths of these are in family foster care with most others in institutions and about two percent in group homes.

Children must be placed in foster care for a variety of reasons: because of broken homes; because they are abused, neglected, or exploited by their parents or caretakers; because they are retarded or have physical handicaps which cannot be handled at home; because of behavior problems; because they were born out of wedlock to mothers who cannot or will not care for them properly; or because their parents cannot care for them due to physical or mental incapacity, disaster or loss of shelter.

In this country, the care and protection of children outside their own homes traditionally has been the responsibility of State and local governments. This does not mean, however, that the Federal Government does not have a concern for these children, that it does not share some responsibility with the States for their health and well-being.

The main role of the Federal Government—carried by the Department of Health, Education, and Welfare—is to set guides and standards for this type of care, to provide technical assistance to the State, and to assist with the cost of care under the Department's grant-in-aid programs.

The Federal Government's role concerning the foster care of children goes back to the Act establishing the Children's Bureau. This Act, passed in 1912, provided that the Bureau "shall investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people." Orphanages, among others, were specifically cited in the bill to be investigated and reported upon. At that time, foster family homes were not used as extensively as they are today.

In addition to the mandate in the basic Act, the Department carries some responsibility for the foster care of children under the provisions in three titles of the Social Security Act: Title IV-A (Aid to Families with Dependent Children), Title IV-B (Child Welfare Services), and the new Title XX (Social Services for Individuals and Families). Title XIX of the Act, Title I of the Elementary and Secondary Education Act, the Child Abuse Prevention and Treatment Act and the Foster Grandparents program administered by ACTION also have provisions for assistance to foster children.

At this time, I would like to describe in some detail the financial assistance and services for foster care, provided under these titles.

First, there is financial assistance under the Aid to Families with Dependent Children program (AFDC).

Section 408 of Title IV-A of the Social Security Act provides for Federal financial participation in the AFDC-Foster Care program. (Federal regulations implementing provisions of the Act are in 45 CFR 233.110.)

Provision for the program was a response to the concern of the Department, the Congress, and the States for children receiving AFDC who were living under conditions detrimental to their well-being.

An amendment to the Social Security Act in 1961 authorized a temporary provision for Federal participation in the costs of maintenance for AFDC children placed in foster care. The provision required that the placement had to be the result of a judicial determination that continuation of care in the children's own homes would be contrary to their welfare. The provision was limited to children who were actively receiving AFDC at the time court proceedings were initiated. Foster care was defined as care in a foster family home to be licensed or approved by the responsible State agency. The program was broadened and made permanent in 1962 to include care in a private, non-profit child caring institution.

The 1967 amendments to the Social Security Act further broadened the scope of the AFDC foster care program by including additional children and by liberalizing the Federal Government's participation in the cost of foster care.

The 1967 amendments had three purposes. One was to require every State to have an AFDC foster care program by July 1, 1969. The second was to make the payment for foster care closer to the actual costs than was possible under former provision in the law. Inasmuch as foster care costs are often locally financed, the Congress wanted to make certain that the inadequacy of a local government's budget did not discourage a local judge from placing a child in foster care who should be there. The foster care payment subject to Federal sharing was therefore increased to an average of $100 a month.

The third purpose was to relieve the States of some fiscal pressures related to foster care programs by including a larger group of children for whom the Federal Government would share the cost. Formerly, the child for whom Federal sharing was claimed must have been receiving financial aid in the month that court proceedings for removal of the child from the home were initiated. Under the new provision, a child would be included who would have received aid in that month if application for AFDC had been made. Included also were children who had been living with a specified relative within 6 months before the month that court proceedings started and who would have received aid in that month if they had been living with the relative and application had been made (Sec. 408(a)(4)A of the Soc. Sec. Act). This included a number of children then in foster care who would now meet the conditions of eligibility for the AFDC-Foster Care program.

The 1967 amendments continued to provide that children must be placed in foster care through court action if the costs are to be subject to Federal sharing.

Thus, the Federal Government participates in the cost of foster care under AFDC only if placement of a child results from a court decision that continued living in the child's own home would not be in the child's best interest. Legislative history indicates that the Congress provided this condition for the protection of families and children involved in removal actions out of its concern over too easy a removal of children from their natural homes.

Although maintenance costs of certain children in foster care are provided under Title IV-A, it has always been considered extremely important that social services be provided on a continuing basis, to all children in foster care. These services include finding the proper foster care facility for the children, placing and supervising them in the facility while they remain there, and making permanent plans for the children, either by return to their own homes or placement for adoption. Unfortunately, some children cannot be returned to their homes or placed for adoption. For these children, long-time foster care is the only answer.

The social services provided these children under the AFDC program is encompassed under Title XX of the Social Security Act which went into effect October 1 of this year. Under the Federal regulations governing

Title XX, published June 27, 1975, the State is to include and identify in its "Comprehensive Annual Services Plan" the foster care services it will provide for all recipients of AFDC-Foster Care, if the State has an AFDC program. Failure to provide such services under Title XX or under Title IV-B (Child Welfare Services) will jeopardize Federal financial participation to the State for its AFDC program. The regulations also require that the services plan describe how the planning and provision of services under Title XX will be coordinated with the State's AFDC program. For the first time the law provides for additional payments to foster parents for special services which they provide to meet particular needs of children under their care, such as physical or mental health conditions or an emotional or behavioral problem.

Another grant-in-aid program administered by the Department is Title IV-B, Child Welfare Services. Funds under this program are allotted to each State on a formula basis for the purpose of "establishing, extending, and strengthening" the State's child welfare program. Foster care services are recognized as a part of child welfare services. In the Social Security Act's definition, child welfare services are to protect and care for homeless, dependent, and neglected children, including, where needed, provision of adequate care of children in foster family homes or other child care facilities.

For years after the passage of the Social Security Act, many States, in order to extend and strengthen their child welfare services programs, as called for in the Act, used their child welfare funds mainly for the salaries of child welfare workers. In fact, a regulation prohibited the use of these funds for the foster care of children except in emergency situations. Actually, Title IV-B child welfare funds have met only a very small part of the foster care costs of the State. The States provided most of the money for foster care. However, they lacked funds for workers to provide services and, therefore, tended to use Title IV-B child welfare funds for workers' salaries. With the 1967 amendments, with its mandatory provisions and increased Federal financial participation, States began financing more and more of the foster care services from Title IV-A funds. Because Federal IV-B funds constitute such a small proportion of the costs of the child welfare program, some States have tended to report most of the Federal money against foster care rather than take the trouble to allocate funds to a range of child welfare services.

Since the 1967 amendments, it has been more difficult to identify and control allocation of services and income maintenance expenditures by States. In the absence of such controls States have been free to develop Federal financial participation maximization, and allocation simplification, strategies most beneficial to themselves.

The result is especially apparent in foster care where it is difficult to define and segregate maintenance expense from services.

Increasingly from 1967 to 1972, when a ceiling on services was imposed, States have chosen to claim the greatest possible portion of their foster care as services at 75% reimbursement.

When services Federal financial participation was capped by a ceiling, the trend began going the other direction. When a State exhausts its ceiling for services financing, it seeks to re-direct foster care expense to Title IV-A. This phenomenon may explain the dramatic increase from $47 million in 1974 to $100 million in 1975 in New York's Title IV-A foster care expenditure.

Total expenditures for the AFDC Foster Care program for FY 1974 were $170 million; of which the Federal share was $92 million. These expenditures were for financial assistance payments for 93,000 children. Estimates of the State for FY 1975 are total expenditures $262 million; with the Federal share $140 million. These payments were for 109,000 children. Under Title IV-A (AFDC), for FY 1975, the total expenditures for social services for foster care were $351,372,000. The number of children in foster care receiving services under Title IV-A this year reached an estimated 350,000.

Under Title IV-B (Child Welfare Services), for FY 1975, the total expenditures for foster care were $370,910,000 of which the Federal share was $22,533,000. The number of children receiving foster care was an estimated 112,400.

An analysis of the State Annual Comprehensive Service Plans cannot produce a clear indication of the scope of foster care services to be provided under Title XX this year. In some instances, foster care services are subsumed under broader service headings, such as: protective services for abused and neglected children; counselling; and home management services. In other instances States have combined child and adult foster care in their descriptive plans.

The Social and Rehabilitation Service has funded, and is continuing to fund, a number of projects relating to foster care under its research and demonstration program. One such project, now completed, was carried out in the Columbia University School of Social Work. The purpose of the project was to assess the characteristics, functioning and attitudes of families whose children were placed in foster care and the capacity of those families to assume parental responsibilities when children were returned to their own homes.

The Child Welfare League of America undertook a series of studies of foster care needs and services in several urban and rural areas in the United States. One was an incidence study of requests for foster care services and agency responses in seven cities. Another study reported on the results of subsidized adoptions and planned long-term foster family care. A third described the problems of children "lost" in the foster care system and suggested alternative methods for preventing these problems from arising.

One current foster care project under the auspices of the Kansas City Social Welfare Research Institute, is to test benefit and costs of periodic case reviews on the length of placement and appropriateness of choices of types of placements for children in foster care.

The Office of Human Development, through the Children's Bureau located in the Office of Child Development, also has broad responsibilities relating to foster care, primarily in the areas of research, demonstrations and technical assistance to the States.

The Children's Bureau role is to gather and develop information about foster care through research; to develop and to test promising service delivery designs, through demonstrations, such as curricula for training foster parents; to develop program aids, such as model foster care standards and a model law for the freeing of children for permanent placement; to disseminate information such as standards and model laws nationwide; and to provide technical assistance to public and private agency service providers.

The Children's Bureau does not provide funds for the direct delivery of foster care services, except as an eligible State might include foster care as a part of its State child abuse and neglect project.

The Children's Bureau funds for foster care include Title IV-B research and demonstration activities, staff activities, and limited foster care costs under child abuse and neglect grants. The Children's Bureau Title IV-B research and demonstration activities focused on foster care total $1.7 million in fiscal year 1976. Children's Bureau activities include the development of a foster care cost assessment instrument; freeing children for adoption or arranging for permanent foster care; assessing the process of the deinstitutionalization of children (in institutional foster care); working with State and local committees to improve foster care; working with States for the adoption and implementation of the Interstate Compact for the Placement of Children, as a means of increasing the number of foster care placements, while providing safeguards of the quality of care; and providing assistance to States interested in enacting the Model State Subsidized Adoption Act. That act provides subsidies on behalf of children with special physical, mental, emotional, or cultural needs to enable them to be adopted. Through such subsidies, many foster parents will be able to adopt their foster children.

There is great variation among the States in their resources, commitment, and capability to provide adequate foster care to the children and families in need of such services. Despite a serious lack of information, foster care services can be vastly improved through the application of existing knowledge and the development of rational State systems of child welfare, of which foster care is one major component.

Coordination of local effort can be significantly improved through the control of the allocation of funds, the application of standards, and the improvement of licensing procedures. These are State responsibilities that can be implemented under an improved management approach.

We have not placed much stress on research, yet we are convinced that we need a great deal more knowledge than we have to deal with the clinical issues, particularly those pertaining to the critical decisions concerning the separation of the child from the family and the choice of an appropriate foster care facility. Research efforts should be focused on child welfare, particularly foster care, with greater emphasis on evaluated demonstrations and the implementation of significant findings.

This country faces a number of problems in relation to the foster care of children, For example, undoubtedly too many children are removed from their own homes and placed in foster care. This seems to be particularly true of children who are reported to be abused or neglected. All States now have a law making it mandatory that the abuse of children be reported by certain named professionals, doctors, teachers, social workers, etc. All but 4 or 5 States now include the reporting of neglect as well. This has greatly increased the number of these reports. Because of the lack of workers in this area of protective services, however, many of these cases are handled on a crisis basis. They lack the longer term services that are required in working with abusing and neglecting parents if these children are to be allowed to remain in their own homes. Hence, many precipitous placements take place.

Another problem in relation to the foster care of children is that many of these children remain in foster care for far too long. After children have been removed from their homes, it takes great skill and time to work with the parents to correct the conditions that lead to placement of the children. Many workers carry too many cases and many lack the necessary skill to provide these services.

Some innovative services are being provided to children in their own homes as well as to those in foster care. Imaginative use of day care homes to relieve pressures in the child's home is a good preventive service. Some foster parents are being trained to work with children who have special problems, as a substitute for institutional care. More small group homes are being used in place of larger institutions for children.

Even when it has been determined that a child cannot return to the natural home, or be placed with relatives, it is not always possible to provide a secure future for the child through adoption. Relinquishment of parental rights by the courts--a prerequisite for adoption--cannot always be secured for one reason or another. Even when parental rights have been terminated, placement for adoption may be very difficult for some children, particularly older children, siblings, and physically and mentally handicapped children. The Adoption Resource Exchange of North America, operated by the Child Welfare League of America and supported for several years by Department funds, is making some impact on the problem of hard-to-place children for adoption but is by no means meeting the whole need.

Foster care programs in this country would be greatly improved by (1) strengthening services to children in their own homes; (2) making these services available everywhere--from the smallest village to the large metropolitan area; (3) providing services to families on other than a crisis basis; and (4) having trained workers who, with adequate supervision and low enough caseloads, can give the special kinds of attention that parents and children need. Children also need more and better foster family homes, as well as more and better specialized group homes and institutions.

Senator MONDALE. Our next panel consists of Peter Forsythe of the Edna McConnell Clark Foundation in New York; Louise Curtin of the Social Services Administration for the State of Maryland; and Professor David Fanshel of the Columbia University School of Social Work.

We are running out of time, and I would ask the witnesses to try to make their opening remarks in about 5 minutes.

We will include your statements as though read, and then we can get into questions.

We will begin with Peter Forsythe.

STATEMENT OF PETER FORSYTHE, THE EDNA McCONNELL CLARK FOUNDATION, NEW YORK, N.Y.; ACCOMPANIED BY LOUISE H. CURTIN, SOCIAL SERVICES ADMINISTRATOR, STATE OF MARYLAND, BALTIMORE, MD.; AND DAVID FANSHEL, PROFESSOR, COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK, NEW YORK, N.Y., A PANEL

Mr. FORSYTHE. Thank you, Mr. Chairman, for the opportunity to appear before you.

The Edna McConnell Clark Foundation has as one of its main responsibilities to run a program for children. We are particularly interested in the foster care situation, and our basic thrust is to try to get more of the children into permanent stable families, primarily through adoption for those who can and should be adopted; for those who cannot, we turn to their precare families with some sort of support and stability.

I will cut very sharply into what I have written, but I want to make four major points in terms of what I think needs to be brought to the attention of this committee, and what needs to be done in Federal leadership.

One of them comes under the general heading of policy program leadership and training. It does not seem to me that it is as clear as it ought to be, what the Federal mandate is in terms of HEW direction, in terms of leadership, coordination, in terms of Federal leadership in general.

Questions asked of the previous panel, I believe, stem from a confusion about whether or not the Federal Government is indeed supposed to have a leadership role and require from the States certain information and take development leadership. That needs to be made very clear.

It seems to me that we need a clear statement of some priority on the permanence and stability for homelife under the legislation currently enacted at the Federal level which makes it clear this is the purpose for which the statutes and the funding are to be carried forward.

It seems to me this is fairly simple, but it does not exist in the United States today as far as I know.

It would have, it seems to me, a pervasive effect in the attitude taken toward the wide range of this funding.

The question of program leadership, it seems to me, may be coupled with this. I am sure the Congress is aware of the different levels of responsibility and divisions of them in HEW. I am not an analyst who can sit here and give you the right answers if, indeed, there is one right answer. But it does seem in the area of foster care we have suffered more than others by splitting of leadership and having the lack of the subject rise to the top of the level for major attention.

I would hasten to say that some excellent things have been done by the Children's Bureau and by SRS in recent times, with particular attention to the potential gains to be made under title XX.

The gains under title XX, I would comment on a little further in a minute, but we have some major opportunities here.

The third subject under the first point I want to make relates to training and utilization of title XX. As you are no doubt aware, training funds are not under the ceiling, but it does seem to me some attention needs to be placed on the utilization of that training opportunity in the area of adoption, foster care, and children out of their own homes, et cetera.

As I have moved among States, looking at the utilization of that money, it does not seem to be directed in ways that will increase the opportunity of getting these children out of the system and back into stable home care, so I call that to your attention for whatever help you may be able to give.

The second point I want to make is that this relates in some ways to the numbers that Jack Young was talking about, but it has some specific differences. It is described in some detail in the staff report prepared for the committee. That relates to a goal oriented case management type of system assistance for a systemwide constituency, not just children who are paid for out of Federal dollars, not just children who are under title XX, but all children under whoever's jurisdiction who are out of their own homes and in public care in some form, either by voluntary associations or a tax paid governmental organization.

We have a right as a nation and we have a right as individual Americans to have somebody know where they are and what is happening to them. Our information failure is largely tied to the fact that we have constructed this attempt at data gathering primarily to gather information and not be of particular use to those who have to make decisions.

Senator MONDALE. Right.

That explains why at the operational level, welfare workers and so on are absolutely overwhelmed with paperwork, but the paperwork does not come to a focus. It is useless to policymakers.

Mr. FORSYTHE. Not only this, but much of it—I can say this as a former policymaker—does not get up to that level in any meaningful form, but an enormous amount of it is duplicative, hand-filled-out information.

I think other members of the panel can spend time addressing one of the more progressive systems on this, but we have to try to make a goal oriented case management oriented system that is focused on providing permanence for children.

The third thing I want to say is there are some remaining Federal funding disincentives that ought to take some precedence in your consideration and ought to be removed.

Some mention was made earlier of the vesting of medicaid benefits for handicapped children who needed medical assistance. I know this committee is aware of that particular anomaly, and the cruelty it imposes upon children to lose that benefit who cannot be covered by private health insurance, and therefore are locked into the foster care system. I will not say any more on that point.

We have also talked about the precare and the aftercare. Whatever the numbers, whatever they turn out to be, everyone seems to be in agreement they are heavily disproportionate on providing maintenance and care for those in the system, and somewhere we have to turn that around.

The whole business of following a case after a child has been returned to his precare services, continuing to provide services to that family, is where the system breaks down. Whether or not it can be corrected at the Federal level, I rather doubt. It has to be a matter of education and better utilization of funds.

One thing that was mentioned previously in earlier testimony and which is so terribly crucial is to do away with the funding disincentive about adoption subsidy. We will pay forever for the maintenance of children in foster homes. We will pay those parents, and then pay the services on top of it in the process. We will get the children fed and clothed, but that will not be a permanent kind of situation.

This is one of the major items that title XX does not accomplish. We have to find some way for these children who will not otherwise have permanence in adoption to eliminate the Federal disincentive that makes the county commissioner, the county judge, see a dollar value in keeping that child in full federally participating foster care.

I think it can be done at a lower expenditure, but it will require some significant change in policy direction from the Congress.

It seems to me also that you talked about numbers and performance. I should call your attention to title IV-B which, as written, is the most flexible in solving some of these problems.

It could be used, for instance, for some continuation of the support items that are not otherwise authorized, if it were properly funded, but in $46 million there is certainly no room for expansion.

The last point I want to make relates to mandated review and accountability. It does seem to me this system which lodges children in a variety of places in voluntary care places, in public agencies, in court run systems, and in some private arrangements that may or may not be licensed, should have an overall form of accountability in some way.

I think New York State is probably ahead in this, although they are not the first to have court mandated review. They have the most extensive review in terms of numbers of children and the variety of opportunities for the interested parties to be heard.

But somewhere there has to be a counterbalance against the system that gets so bound up in trying to run from crisis to crisis and an underfunded program that we forget about the individual children.

We are working hard in the foundation to try to increase the level of responsibility and concern about this problem among the juvenile and family court judges in the country. We are trying to improve procedures by which courts can periodically look at the kids who are in care, and most of them under judicial order, or many of them, to find out whether or not those programs should be continued. At the very least due process should be for them so the rights of the child can be heard and the opportunities that may be available to provide that permanence and security for the child can be responded to.

We are talking here about two levels of numbers, and I think that ought to be very clear to the committee. The questions relate, so far today, to what I call the primary cost numbers, that is what we actually are spending in Federal dollars for the things that we can if we are lucky direct to child care problems, boarding homes, social work costs, administration costs, homemaker costs, et cetera.

But we have in this problem the enormous secondary cost. There is not a juvenile judge who will not tell you that the children who appear in his court come from broken homes or homes without proper parental care and guidance, without the security and a sanction that makes most of us get over the rough spots, and become good citizens.

If the numbers for primary costs are large, the numbers for secondary costs are astronomical.

Senator **Mondale**. Thank you very much.

Ms. Curtin, we have your full statement, and it will appear in the record at the conclusion of your testimony and I ask you to proceed, bearing in mind our time constraints.

Ms. **Curtin**. Mr. Chairman, I would like to highlight some of the problems that are encountered by the caseworker in the social services department in trying to work with foster children, and to give you some highlights as to the feelings of foster children as they progress through the foster care system.

Every social worker in a child placing agency is familiar with the tear stained or stoic faces of children, tots to teenagers, waiting out the hours in the agency playrooms and hallways while staff scurry around trying to conjure up yet another bed in an already crowded foster home.

Placement decisions—which child for which home—are rarely the planned purposeful decisions social workers would like them to be. Standards for matching the needs of a specific child to the parenting skills of a particular home succumb to the pressures of too many children for too few homes.

Although the needs of the child should be the guide in any placement decision, often the type of resource immediately available is the determining factor. All too frequently the child simply goes where there is space for him, and this is often a second, a third, or even a fourth choice of placement.

In recognition of some of the testimony that has gone before as to the difficulty in getting data, I would like to give you some figures from Baltimore City.

In the Baltimore City Department of Social Services, for the month of October 1975, 92 children were waiting for a placement resource at the first of the month, and 108 children were added to this figure throughout the month, a total of 200 children. At the end of October, 88 children continue on the placement waiting list.

This means there was no resource for these children, and they continued in situations that had been adjudicated to be dangerous for them. This pattern of too few placement resources is repeated month after month.

In the same agency for the months of April, May, and June of 1975, there were 71 initial placements and 104 replacements of foster children, 58 of these placements were emergent in nature, and for only 4 of these children was there sufficient time, information, and resources to implement placement planning in a thoughtful manner. The results of this kind of precipitant placement planning are often disastrous. One 11-year-old girl was moved to three different foster homes between May 13 and June 25 of this year.

I took a random survey of some of the placement patterns for these children, and found in the 239 cases that were looked at, 41 of the children had experienced 4 or more sequential placements. That means these children are moving from home to home, and are required to meet new mothers and fathers, new brothers and sisters, and uncles; 132 had 2 to 3 placements, of the 66 who remained in the foster homes of initial placement, 40 have been in foster care less than 48 months. Most of these children were placed in the year 1974–75.

How many times can a social worker successfully say to a foster child, "this is your new mommy and daddy?" How can an agency successfully recruit the sorely needed foster homes when no moneys are specifically allocated for recruitment procedures or recruitment personnel?

The foster care service faces a continued crisis in that the need for foster homes is always greater than the number of foster parents available.

This fact is reflected in the figures that are in the appendix attached to this statement.

This crisis is reflected in the number of children awaiting initial placement and replacements. This crisis is reflected in the monthly number of foster homes approved for service, and closed to service in the Baltimore City Department of Social Services.

The chronic shortage of foster homes, the low board rates that are not commensurate with the services expected, the high rate of turnover in homes are all factors that frustrate the careful choice of a foster home that will provide the child with the stability and security that is the objective of every foster care placement. The consequent inability to protect the foster child from further failure and rejection colors the child's sense of self-worth, competence, and loveableness. Listen to this conversation recorded with three foster children, ages 8 to 10.

In this statement I have recorded some conversations with foster children that I have worked with, and I will just give you a few of these quotes from the foster children.

When asked, "Do you think it is a good thing to be a foster child?" the child's response was, "no, because you are bad. You have to be good."

"Do you have to be good all the time?

"Yes. Well, maybe no."

"Does a foster family love you when you do the wrong thing?"

"No. They do not like you because you are bad. You are mean. You do not know how to do nothing."

This is what we are doing to children, as they suffer rejection in moving from foster home to home.

One child described foster care as "move from place to place to place from home to home to home, that's what my foster mother says when I do something mean. Have to go from moving place, to moving place, to moving place to moving place—everywhere. I say, I ain't going to do that."

A 13-year-old girl facing the prospect of replacement expresses the mistrust in her perception of foster parents.

"People can change. When you first meet people they act like they're really, I mean, nice. Then once you get to know them, you know, they can treat you so bad that you wish you never went to them.

"I'm not in my own hands.

"I don't want to go away."

She has learned to mistrust the kind of family we can locate for her, because she has experienced so many rejections, and sums it up by saying:

"People can act all friendly, then time you get there and you get situated about 1 week and then they be treating you all bad. They can treat you so bad that you just wish you never went there."

In the process of the failure of agencies to give a strong service to these natural families, foster children lose all sense of their identity and their background history. They do not know why they came into foster care. They do not know who their natural parents are, and they often do not trust the agency sufficiently to give information.

Workers are reluctant to do it because they do not possess the training and skills to do it. Consequently one 7 year old, when asked about his background, and why he came into care, replied to me that he was walking up and down the street like a zombie, and a man and a lady came along and said, "Aw, look at that little boy," and they took him to their house.

He has no sense of the agency's planning for him, and the security that can represent for him.

Another child told me he came into foster care because, "The doorbell rang, my parents went to answer it; and somebody shot them dead." That is not true, and that is not what is in the child's case history, and this is what the child thinks about himself, since he is not given the information.

Another 13-year-old girl fantasizes that she was running down the street, and ran into a woman carrying a lot of shopping bags, and when she helped put the bags back in her arms, the woman said, "Who are you?"; she said, "I am so and so." And the woman jumps up and screams, "Well, you must be my daughter. I left you when you were a little baby in the hospital."

This is her fantasy. This is something she is telling herself, since no one is giving her information.

Public child placing agencies lack the necessary resources to compensate foster children for the painful loss of natural family, lack the resources to heal the psychological wounds or perceived rejection, and lack the services to meet their "special needs."

No child who progresses through a series of temporary placements, who is required more than once to respond to the refrain, "This is your new mommy and daddy," can be expected to develop a healthy ego, a wholesome self-image, without strong supportive and supplemental services.

How right is it for a social services agency to fail to provide stability, security, and predictability in a child's living arrangement?

How right is it for an agency to fail to share a child's background history with him, or to promote a sense of regularity, of tradition, of belonging?

These children need a sense of permanency in their parental relationships if they are to thrive and prosper.

There is urgency in our need to develop the diagnostic skills that allow us to anticipate family breakup, to develop the resources that permit a prompt mobilization of inhome and family rehabilitation services to preserve the child's place in his natural family.

Unless the child is in clear and present jeopardy, placement in foster care should be a decision of last resort, not undertaken until every possible effort and resource has been expounded to preserve the intact family.

There needs to be adequate provision of day care slots—all day and before/after school hours—income maintenance, homemaker services, family counseling, health care, housing, job training, parenting education, crisis nurseries, and respite care for the children in order to facilitate maintenance of the intact family in the community or restoration of the separated family.

When we do place children away from their families, and this is an appropriate decision, we need to strengthen the foster care system by financing recruitment efforts to enable specific foster home placements by choice rather than by default.

Most agencies have no funding for this. They have no salary funding allocations, job slot allocations for recruitment personnel, and consequently cannot begin to develop the number of foster homes that we need.

The role of foster parents needs to be professionalized by special skill training, participation in decisionmaking, contracting, adequate reimbursement for foster parent services, and protection of the foster parents' rights in custody conflicts.

Supportive services to the foster home need to be strengthened by reduced workload standards and increased skill development for inagency staff. Currently, foster children and foster parents experience postponed attention to problems because of pressures on the caseworker staff.

Foster care practice has become crisis oriented due to high caseload levels and the lack of expertise through ongoing staff training. There needs to be a closer linkage between health care and social services delivery systems. The foster care system needs to be strengthened by the development and provision of fee payment for supplemental services, such as psychotherapy, counseling, remedial and special education, group homes for adolescents, and residential treatment centers for disturbed children.

I would like to conclude by reinforcing some of the recommendations that have been made in the previous testimony, and these would include greater allocation of resources to the natural family, so that we are not separating the family.

It is much easier when you are a caseworker to gather together services for children once they come into the system. As they remain in the community or go back to their own homes, we have very few resources that we can provide to maintain that situation.

I also want to go very heavy on training for foster parents. The children that they are trying to take care of have many disturbances, and disabilities, and they need help in how to deal with special needs of these children.

I think in terms of trying to develop permanent placement for our children we need to be stronger in our subsidized adoption programs.

We have a subsidized adoption program in Baltimore city which has not been as effective as it should be, because we are unable to subsidize, except the very low income levels, depending on the adoptive family's income.

There is a lack of health coverage, and coverage for any preexisting condition the foster parents bring with them into adoptive placement.

We need to think in subsidized adoption of focusing on the child's needs rather than the adoptive needs of resources.

We have similarly attempted to do long-term case care for foster children through a permanent foster care program, but this has failed, because it does not carry any legal commitment on the part of the foster parent to the child, and this tends to blow up in adolescence.

Senator MONDALE. Thank you very much.

[The prepared statement of Ms. Curtin follows:]

Statement Presented by Louise H. Curtin, caseworker on educational leave from the Baltimore City Department of Social Services, graduate student in Social Work at The University of Maryland School of Social Work and Community Planning.

We, the citizens of the United States, find comfort in the view that we are committed to the care and protection of dependent children. We prefer to believe that the children of our nation are well-nourished, well clothed, well schooled, nursed through their illnesses and nurtured by their warm and loving families. For most of our children, this is true, but there is a hidden population of children, politically powerless, who are pushed from the national consciousness and consigned to local departments of social services where limited resources are stretched beyond the capacity for competent care. These are the foster children. The children who suffer from abrupt separation from familiar persons, the strangeness of a "new mommy and daddy", the stigmatization of being a "foster child".

As foster children these citizens need more than the beneficiaries of adequate, intact, natural families. They need help in resolving the psychological wounds of separation, the feelings of rejection, worthlessness, guilt, hostility, fear of abandonment, the shame, the bewilderment, all of the assaults that batter the foster child's sense of identity and self-esteem. These are the children for whom social service agencies try to provide a simulation of family living. These are the children for whom temporary intervention becomes prolonged planning. These are the children who become adrift in the foster care system.

Every social worker in a child placing agency is familiar with the tear stained or stoic faces of children, tots to teenagers, waiting out the hours in the agency playrooms and hallways while staff scurry around trying to conjure up yet another bed in an already crowded foster home. Placement decisions, which child for which home, are rarely the planned purposeful decisions social workers would like them to be. Standards for matching the needs of a specific child to the parenting skills of a particular home succumb to the pressures of too many children for too few homes. Although the needs of the child should be the guide in any placement decision, often the type of resource immediately available is the determining factor. All too frequently the child simply goes where there is space for him.

In the Baltimore City Department of Social Services, for the month of October 1975, 92 children were waiting for a placement resource at the first of the month and 108 children were added to this figure throughout the month, a total of 200 children. At the end of October, 88 children continued on the placement waiting list. This pattern of too few placement resources is repeated month after month.

In the same agency for the months of April, May and June of 1975, there were 71 initial placements and 104 replacements of foster children. Fifty eight of these placements were emergent in nature and for only four of these children was there sufficient information, time and resources to implement placement planning in a thoughtful manner. The results of this kind of precipitant placement planning are often disastrous. One eleven year old girl was moved to three different foster homes between May 13 and June 23 of this year.

The rate of replacement for foster children in this agency is suggested by a survey of 239 cases randomly selected from the foster child population of the Baltimore City Department of Social Services. Of the 239 cases, 41 children have experienced four or more sequential placements, 132 had 2 to 3 placements, of the 66 who have remained in the foster homes of initial placement 40 have been in foster care less that 48 months. How many times can a social worker successfully say to a foster child, "this is your new mommy and daddy"? How can an agency successfully recruit the sorely needed foster homes when no monies are specifically allocated for recruitment procedures or recruitment personnel?

The foster care service faces a continued crisis in that the need for foster homes is always greater than the number of foster parents available. This crisis is reflected in the number of children awaiting initial placements and replacements. This crisis is reflected in the monthly number of foster homes approved for service and closed to service in the Baltimore City Department of Social Services.

The chronic shortage of foster homes, the low board rates that are not commensurate with the services expected, the high rate of turnover in homes are all factors that frustrate the careful choice of a foster home that will provide the child with the stability and security that is the objective of every foster care placement. The consequent inability to protect the foster child from further failure and rejection colors the child's sense of self-worth, competence and loveableness. Listen to this conversation recorded with three foster children, ages 8 to 10.

Q. "What do you think about a foster home?"
A. "Dont do mean things."
A. "Follow the rules that your mother gives you."

Q. "Tell me what it is like to live in a foster home."
A. "You have to be good and everytime you go out to play with the children and you fight them, you have to go back in there and do some work."

Q. "What happens if you are not good?"
A. "You bad. You have to go in your room and stay and we lock 'em up. You open the door and give the supper to 'em... and eat supper by yourself and the rest of 'em are downstairs."

Q. "How do you feel?" (When locked in the room)
A. "I want somebody to play with me. When nobody's there I feel sad."

Q. "Do you think it is a good thing to be a foster child?"
A. "No. Because you're bad. You have to be good."

Q. "Do you have to be good all of the time?"
A. "Yes...no."

Q. "Does a foster family love you when you do the wrong thing?"
A. "No! They don't like you cause you're bad, you're mean, you don't know how to do nothin."

Later in the conversation,

Child 1. "If I move out of my foster home and go to a new home, I miss my friends."

> "...move from place to place to place from home to home to hbme thats what my foster mother says when I do something mean. Have to go from moving place, to moving place, to moving place to moving place- everywhere! I say, I ain't going to do that.."

A thirteen year old girl facing the prospect of replacement expresses the mistrust in her perception of foster parents.

> "People can change. When you first meet people they act like they're really, I mean, nice. Then once you get to know them, you know, they can treat you so bad that you wish you never went to them.
>
> I'm not in my own hands.
>
> I don't want to go away.
>
> People can act all friendly, then time you get there you get situated about one week and then they be treating you all bad. They can treat you so bad that you just wish you never went there."

Deprived of the security of "my" home, deprived of the stability of one home, never fully understanding why they were "given away", foster children fantasize about their natural families and the events surrounding placement. When asked for his conception of why he is in foster care, seven year old Eric replied,

> "I was wondering around in the streets. Up and down. Up and down. I was wondering around in the streets like a zombie and a man and a lady and their son with a bush said, 'aw look at that little boy' and they took me to their house."

Presented with a similiar question 12 year old Jane contrives the explanation,

> "The doorbell rang. My parents went to answer it and somebody shot them dead."

The same 13 year old girl who conveyed her discomfort with foster care in the previous discussion recounts the following description of a fantasized encounter with her natural mother.

> "I be running down the street, running around the corner and she'd be coming with a whole lot of bags in her hands and stuff. She don't know me and I don't know her. Ain't never seen her before and she ain't never seen me. Yes, she has (when a baby). And I ran around the corner and she had a whole lot of bags and I took and knocked her down. And I said, 'excuse me', like 'at, helped her up, helped her pick up her groceries and stuff and she said 'what's your name little girl?' I said 'my name's ________'

> and she jumped all up and scream and stuff and say, 'you're my daughter cause I put you in the hospital'."

Public child placing agencies lack the necessary resources to compensate foster children for the painful loss of natural family, lack the resources to heal the psychological wounds of perceived rejection, lack the services to meet their "special needs". No child who progresses through a series of temporary placements, who is required more than once to respond to the refrain, "this is your new mommy and daddy", can be expected to develop a healthy ego, a wholesome self-image, without strong supportive and supplemental services. How right is it for a social services agency to fail to provide stability, security, predictability in a child's living arrangement? How right is it for an agency to fail to share a child's background history with him or to promote a sense of regularity, of tradition, of belonging? These children need a sense of permanency in their parental relationships if they are to thrive and prosper.

There is urgency in our need to develop the diagnostic skills that allow us anticipate family breakup, to develop the resources that permit a prompt mobilization of in-home and family rehabilitation services to preserve the child's place in his natural family. Unless the child is in clear and present jeopardy, placement in foster care should be a decision of last resort not undertaken until every possible effort and resource has been expended to preserve the intact family. There needs to be adequate provision of day care slots (all day and before/after school hours), income maintenance, homemaker services, family counseling, health care, housing, job training, parenting education, crisis nurseries and respite care for children in order to facilitate maintenance of the intact family in the community or restoration of the separated family.

When decisions are appropriately made to place a child away from his present caretakers, precaution must be taken that in moving a child from an inadequate family he is not moved into an inadequate, foster care system. As the child is brought into care there needs to be a time-limited contract for the provision of concentrated services to the natural family in an effort to make it suitable for the child's return. Failing this, we need to establish clear criteria for resolving conflicts between the parents' rights and those of the child, criteria that is congruent with a time period relevant to the child's needs and that will maximize the opportunity for permanent planning.

The foster care system needs to be strengthened by financing recruitment efforts to enable specific foster home placements by choice rather than default. The role of foster parents needs to be professionalized by special skill training, participation in decision making, contracting and adequate reimbursement for foster parent services, and protection of the foster parent's rights in custody conflicts. Supportive services to the foster home need to be strengthened by reduced workload standards and increased skill development for in-agency staff. Currently, foster children and foster parents experience postponed attention to problems because of pressures on the caseworker staff. Foster care practice has become crisis oriented due to high caseload levels and the lack of expertise through on-going staff training. There needs to be a closer linkage between health care and social services delivery systems. The foster care system needs to be strengthened by the development and provision of fee payment for supplemental services such as psychotherapy, counseling, remedial and special education, group homes for adolescents, and residential treatment centers for disturbed children.

Foster care placements should be periodically reviewed through the juvenile courts or other independent agents to ensure that all possible measures have been taken to return the child to his natural family or to secure alternative permanent planning. Termination of natural parent rights needs to be facilitated and accelerated when this is in the best interests of the child. Since many of these children fall into the hard-to-place category because of age, minority membership and/or physical, emotional or learning disabilities (See Appendix IV), subsidized adoption laws need to be amended to provide for maintenance and medical costs, thus, facilitating their adoption by foster parents where meaningful parent/child relationships have already formed or promoting adoptive applications for "special need" children. Without these improvements in subsidized adoption legislation too many foster children are denied the benefits of adoptive child status because of the expense of needed medical services, the fixed or low incomes of potential adopting parents, and the lack of post-adoptive services from placing agencies.

There are success stories in foster care. Children are returned to their natural families under improved home conditions. Children are reared in stable foster home placements until majority. But too many children experience prolonged stays in the foster care system due to the lack of services to their natural families, the failure to review placement decisions, and the failure to promote permanency in planning.

The increasing numbers of children entering the foster care system, the constant search for additional foster homes for their care, the crucial problems chronically encountered in attempts to successfully nurture a child in this service, indicate the need for evaluation and reform of foster care policy as now formulated. The rapid growth of the program suggests the urgent need for further Federal Government intervention and firmer Federal Government control if the intent of the foster care policy is to be successfully implemented. The maximization of foster care policy requires a dramatic shift in attitude from viewing foster children as the cast-off products of poor parents reluctantly served under the pressure of responsibility to recognizing the foster child as a guiltless citizen who has a rightful claim to governmental protection. Help us to heal the scars of their adversities. Do what you can to enable the foster care system to nurture these children so that they may emerge victorious as mature, competent, confident members of our society.

APPENDIX I. Child Placement Data:

Activity	August 1975		September 1975		October 1975	
Children Waiting:	93		100		92	
Referred for init. placement during month.	46		39		64	
Referred for re-placement during month.	55		46		44	
Children initially placed	25	12.9%	30	16.2%	42	21%
Children replaced	33	17.0%	32	17.3%	33	16.5%
Request withdrawn	36	18.6%	31	16.7%	32	16.0%
Children not planned for: no resources	68	35.0%	56	30.3%	59	29.5%
Children not planned for: foster home sugg.	32	16.5%	36	19.5%	29	17.0%

These figures reflect both a higher proportion of replacements requested as well as the alarming number of children not placed due to lack of resources.

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APPENDIX III. Foster Home Approvals and Closings:

Date	Applic. Rec.	Closed before App.*	Approved	Homes Closed*
9-74	53	86	15	**
10-74	58	191	22	**
11-74	36	166	15	**
12-74	32	75	11	**
1-75	39	99	12	**
2-75	35	60	14	**
3-75	37	99	16	**
4-75	33	56	18	25
5-75	17	111	6	20
6-75	35	37	18	23
7-75	36	80	21	23
8-75	25	62	15	24
9-75	45	40	22	22

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* These figures include all inquiries many of which do not result in formal application.

** Figures for these months, not available as hand collection of data was bound by time contraints.

The rate of home closings for 4-75 through 9-75 reflects a loss of 37% of available homes for this period.

APPENDIX II. Random Sample of 239 Children by Length of Time in Care and Number of Placements.

	Number of Placements						
Length in Care	1	2-4	4-6	6-8	8-10	10+	Total
0-4yrs.	40	31	2	0	0	0	73
4-8 yrs.	14	48	4	2	0	0	68
8-12 yrs.	10	49	14	5	4	0	82
12-18 yrs.	2	4	3	4	1	2	16
Totals	66	132	23	11	5	2	239

84.3% of those children in care four yrs. or more experienced two or more placements
23.5% of those children in care four yrs. or more experienced four or more placements
10.8% of those children in care four yrs. or more experienced six or more placements.
72.0% of all children had experienced two or more placements.

APPENDIX IV. Maryland State Adoption Exchange Data: These children are presently in foster care awaiting adoptive placement.

		Defined Special Needs
Age	# of Children	Special Needs
0-3 yrs.	8	1. no special needs 1 2. Medical 2 3. Retardation 1 4. Slow Development 4
3-6 yrs.	5	1. Medical: C.P. & quadreplegic 2 2. Retardation 1 3. Sibling Grp. 2
6-10 yrs.	18	1. Slow Development 9 2. Retardation 1 3. Sib Group 2 4. Dwarf 1 5. Emotional Problem 1 6. Age 3 7. Medical 2 8. Medical 2 orthopedic hyperactive.
10yrs+	10	1. Age 10 2. Slow Development 4 3. Emotional Problems 1 4. Medical: 1 (vision and speech).

APPENDIX V.

June 30, 1975

Dear Mrs. Curtin,

If my father would ever step up and want me I wouldn't go and live with him because he never called the welfare agency and asked about me or nothing like that and for any time he felt like it he could have called the wlfare agency and signed the adoption papers but no he wouldn't do that and that is why I am so mad about this I even think he wouldn't care for me even if I did go back with him. If he is rich I think he would probably try and buy me back like say he would probably buy a new car and that he would probably buy me any thing I needed that would ruin us we wouldn't be a family we would be like business associates. My father probably wouldn't want me he probably doesn't care about anybody.

Your friend,

July 1, 1975

Dears' Mrs Curtis,

What was my mother like before she died? Was she skinny was she fat what did she look like was her hair long or short how tall was she? Was she short medium or tall in heighth ~~heigth~~? Did she look like me was she a blonde, brunette or red head? Does my brother and me both look like my natural mother? Does my brother know more about my mother than I do? Did my mother have more children if so were they illigitimate? Did my father love my mother or did he really love her? Did my father ever see my brother and I while we were with our mother? Did my father and mother both care for our safety?

your friend,

July 2, 1975

Dear Mrs. Curtin,

"What's my brother like?" I know that he was raised to be honest." And us kids call kid's like that straight." And in fact just because the kids were born to be that way we cut them down because they are that way." and I don't think that's fair." Does that make sense? I hope so." I think I should be the way they were raised to be or be the way they want to be without people saying they are straight or something like that. I think all people should love each other not hate that's just like this war we are in right now," I bet if one of the American soldiers got to meet one of the Vietnamese soldiers they would become the best of friends." I think that if all the people in the world loved each other in their own special ways a lot more things in this world of our's would be a lot different!

Your friend,

July 6, 1975

Dear Mrs. Curtin,

I would very much like a picture of both my parents because I feel I want to know which one of my parents I look like and I want a picture of my brother so I will know what he looks like. And if this boy in school is my brother that would be a real coinsidence. And I would like very much a picture of my other brothers and sisters if I have any.

Your friend,

5/9/75

Dear Mrs. Curtin,

I was really surprised when you told me all that information. It is really nice of you to bring me some pictures of my brothers and my father and letters from my mother my parents told me not to hold back any feeling's ~~[illegible]~~ ~~back~~ about my father and brothers.

your friend,

7/14/75

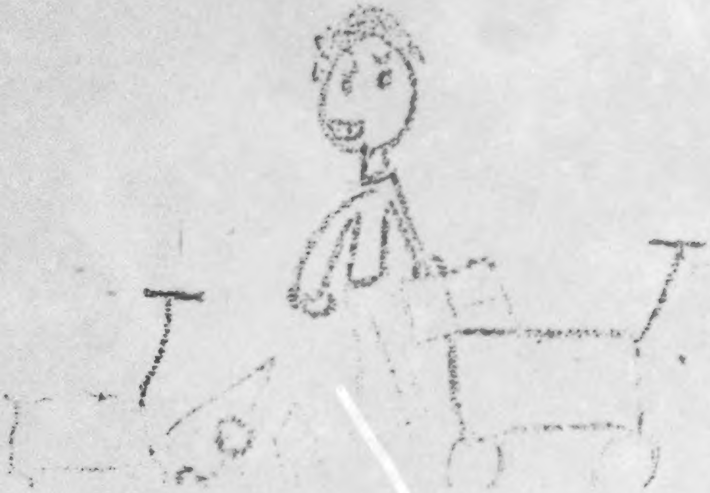
Dear Mrs. Curtin,

I am really happy where I am living and I would like to stay where I am untill I am old enough to go out on my own and I would like to meet my father and my two brothers all together and its would really be nice if it were at my fathers house.

Yorer friend,

APPENDIX VI.

This self portrait of a foster child, suitcase in hand, exemplifies the threat of impermanence inherent in foster care.



Senator MONDALE. Dr. Fanshel.

Dr. FANSHEL. Thank you, Senator.

I am the director of the child welfare research program at the Columbia University School of Social Work, where I have recently completed direction of a 5-year longitudinal study of 624 foster children.

I have also been associated with the Child Welfare Information Services, Inc.

I became very discontent with the way systems were run without benefit of information, as you have complained yourself, and decided to get research training, and I have spent the last 20 years gathering information about adoptive children and foster children.

I have published a number of research volumes which are listed in my prepared statement, and my recent book will be a study of foster children in New York City.

I do not have time to share with you the richness of data that I have accumulated, and instead would emphasize three kinds of information.

First, costs of foster care. In the course of our 5-year investigation of 624 foster children in New York City, Prof. Eugene Shinn and I were able to get contractual information from some 80 agencies offering foster care services to children in the city of New York.

We were able to develop a computer program to figure out what it was costing to take care of these children in foster care.

We were quite shocked to find that at least four families where the children were still in care at the end of 4 years, the per family cost for keeping those children in care until they were 18 years old, was over $500,000.

Senator MONDALE. How does that work out per child?

Dr. FANSHEL. I have given Ms. Hoffman a pamphlet called "Dollars and Cents in the Foster Care of Children," and I would be glad to make it available to your colleagues. That has a great deal of data of costs of care.

Senator MONDALE. How many children in the family?

Dr. FANSHEL. These are largely a family system, four and five children. We had four families taken together, which would require 335 cumulative years of service at an estimated cost of $2,500,000.

Senator MONDALE. How many families?

Dr. FANSHEL. Four families. This is a system that is willing to invest huge sums in individual families, but cannot somehow muster the means to restore one to a normal function so they can take care of their own children.

We had 23 children who were adopted. Average costs while in care were $5,486. If these children had remained in care until they were 18, the average projected cost per child would have been $65,901.

Senator MONDALE. You said the average cost per year of a child in foster care?

Dr. FANSHEL. For those children.

Senator MONDALE. Was $5,400 a year?

Dr. FANSHEL. Yes, in 1970.

Senator MONDALE. And you say about $65,000 per child?

Dr. FANSHEL. For those. But if an infant entered care in 1971, and he was not adopted, and did not return home, it would cost $122,500 estimated in 1971 to keep that child in foster care until age 18, that is, projecting an annual increase of 5 percent a year.

Senator MONDALE. Is this what you would call a special needs child?

Dr. FANSHEL. No. This would be your normal child.

Senator MONDALE. So if you had a child that was handicapped?

Dr. FANSHEL. It would be much more costly.

The pamphlet does have breakdowns according to types of children.

Senator MONDALE. I think it would be most useful to get a copy of this pamphlet for each of the members of the committee.

Dr. FANSHEL. The second type of information in my longitudinal study that was striking to me was the massive failure of parents to visit their children, and our studies confirm this.

In a recent study in Massachusetts, it was found that less than 30 percent of the children had seen one of their parents within a 3-month period. Approximately 30 percent had seen their parents sometime within the last 6 months.

In a study of Arizona children, less than 30 percent of the children interviewed reported receiving visits from their parents, and only 14 percent reported visiting from parents in their own homes.

In our own study we carefully monitored, and the first year it took 900 telephone calls to get our information. We monitored the visiting of the children in care, and monitored over a 5-year period.

We found a dramatic decline in visitation of parents as we followed our sample over a 5-year period.

As children were discharged from the care the residual group showed an increasing proportion of those unvisited. Whereas 18 percent of the children were not visited at all during the first year of the study, this was true of 31 percent in the second year, 36 percent in the third, and 57 percent in the fifth year.

Of the 264 children who entered the system, 36 percent were still there at the end of 5 years.

Senator MONDALE. Did your study show that if you found a child in foster care who was unvisited in the first 90 days, the odds were very high that the child would remain in foster care?

Dr. FANSHEL. Sixty-one percent of the children whose parents engaged in no visiting in the early period were still there 5 years later.

Senator MONDALE. If after 990 days parents have showed so little interest in the children, your figures indicate that those children are likely to remain in foster care permanently?

Dr. FANSHEL. Yes. Visiting gives us the best handle for case planning. It means you bring into action as much effort as you can to get the parents to visit. It means you mobilize your resources for them.

If you fail early in getting them to visit, these are the children who deserve close attention.

Senator MONDALE. I visited a childrens home recently. The Sister told me that often parents would come and get their children just as they were being judged ineligible for AFDC, and then as soon as the payments were resumed they brought the child back.

Do you have any of that?

Dr. FANSHEL. No, I do not have information of that type. I do know this. I know that in no part of the country do agencies have aggregate data about the visitation of parents. That data is easily accumulated, and it can be computerized, and you can have monthly reports of who is being visited.

This coming year in New York City, for 30,000 children, we will be putting into place a computerized system. This will tell the Commissioners who the unvisited children are. This is the first step to sound management in foster care.

Visiting information is simple information to collect, and it tells a great deal.

Among our children black children were particularly disadvantaged in receiving visitation from their parents, because we found that benefits of visiting persisted across ethnic groups. Higher proportions of black and Puerto Rican children returned home if their parents visited more frequently.

We found parental visiting was significantly enhanced when relatively more case work time was invested in the family. That was a hopeful sign.

The third information comes from a first year of data analysis of newly computerized information in New York called CWIS, Child Welfare Information Service. For the first time we were able to look at what were the characteristics of these children.

I cannot report all of the data to you, but let me give you some quick findings.

The average number of years the child had been in the system was 5.4 years. About 15 percent of the children were in placement because of alcoholism or drug abuse as a parental problem.

In the study of children in drug abusing families in foster care, I found they were the least likely children to get out of the system. Drug abuse is a particularly pernicious problem in foster care.

The system is heavily laden with minority children, 50.2 percent are black, and 25.8 percent are Puerto Rican.

When social workers were asked to specify discharge objectives for children in care, only one child in five was identified as destined to return to his own parents, and another 3 percent to relatives.

Twenty-six percent were going to leave care on their own responsibility at age 18, many of these children will have reached young adulthood, after growing up in the system of foster care.

For another fifth of the population, the social workers indicated that adoption was the discharge objective. For fully 30 percent of the children in care there was no discharge plan; these no doubt include many children who have been abandoned by their parents and are unvisited.

When one agency received a number of cases in her agency where there was no discharge planned, she was mortified, and began a whole internal system of taking steps to see that a case plan was promulgated.

In our analysis of children who did get out of the system, we found between 6 and 9 years of age, 23 percent were discharged through subsidized adoption, mainly through their foster parents. Six to nine is not a particularly good age for adoption. We are finding subsidized adoption is a resource for this group, and for older children.

With respect to the purposes of your legislation, I would just make four quick points.

One, I think legislation should focus on the problem of drift of children in foster care, that it should emphasize systematic case planning so that children can be released from the scourge of not having a permanent home.

Second, there has to be a tremendous emphasis on delivering services to parents of children in foster care.

My only difference with Paul Mott in his paper was that I thought he did not emphasize enough the need to give service to parents. These are our most oppressed group of people.

Senator **Mondale**. The foster parents?

Dr. **Fanshel**. No, the parents. I think people too easily talk about termination of parents' rights. In a democracy I think we should be very cautious of parents taking that extreme step.

We should not do it until we are satisfied that we have done all we can to restore these families. For children it is often much better to be restored to their own family, and to become reconciled with their own flesh and kin than to have another family, even though my studies show that children in adoption do very well, and foster children do quite well, too.

Third, I think that timeliness is the key issue in foster care. It requires computerized information. It is such a complex process to first find a home for a child, then be sure he is well taken care of, diagnose what is wrong with the parents, mobilize the services, and if you think you cannot get the parent situation turned around, then to move in a direction of adoption.

The termination of parental rights is a long and complex process, and we need to have more Federal input in this area.

I have much more to share, but I will stop at this point.

Senator **Mondale**. Thank you very much. All of you have raised points that bring forth many questions.

In light of the very severe time limitation, we will submit questions in writing to each of you, which will then be made part of the record.

Thank you very much.

[The prepared statement of Dr. Fanshel follows:]

TESTIMONY
SENATE SUBCOMMITTEE ON CHILDREN AND YOUTH
AND
HOUSE SELECT SUBCOMMITTEE ON EDUCATION

Hearings on Foster Care of Children

BY
DAVID FANSHEL
PROFESSOR
COLUMBIA UNIVERSITY SCHOOL
OF SOCIAL WORK

DECEMBER 1, 1975

The following is the testimony of Professor David Fanshel of the Columbia University School of Social Work where he is also the director of the Child Welfare Research Program, encompassing a recently completed longitudinal investigation of foster children. He is also research consultant to Child Welfare Information Services, a computerized information service for children in foster care in New York City.[1]

My name is David Fanshel. I am the director of the Child Welfare Research Program at the Columbia University School of Social Work where I have recently completed direction of a five-year longitudinal study of 624 foster children. I have also been associated with the Child Welfare Information Services, Inc. (CWIS), a computerized management information system for children in foster care in New York City. I have recently analyzed computerized information about some 30,000 children in foster care. I have participated in investigations of the phenomena of foster care and adoption over a twenty year period and have authored or co-authored the following research volumes: *Foster Parenthood* (U. of Minnesota Press, 1966); *How they Fared in Adoption* (Columbia University Press, 1970); *Far From the Reservation: The Transracial Adoption of American Indian Children* (Scarecrow Press, 1972), and *Children in Foster Care* (Columbia University Press, forthcoming

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[1] Testimony presented before the Senate Subcommittee on Children and Youth of the Senate Committee on Labor and Public Welfare and the House of Representatives Select Subcommittee on Education, December 1, 1975.

1976). As someone who has worked in the research vineyards these many years, I am very appreciative of the opportunity to present some of my ideas before you. Providing research findings directly to those who can promulgate national legislation is the highest form of research utilization that I know of.

I will present selected findings from my recent work for your consideration without overburdening you with details that are not germaine to your particular concerns. I will focus upon the problem of costs of care, the massive lack of parental visiting of children in care, and tell you something of what we have found about the status of children in care.

I wish to emphasize the need for a balanced picture about the foster care situation and am mindful that there has been much rhetoric in recent years without benefit of any information in depth about what really is taking place with these children.

My own rather intensive research leads me to believe that, by and large, children are receiving reasonably good care in the substitute living arrangements that are being made for them and I have some evidence that children who remain in care do as well, or even better, when compared with those who have returned home after a sojourn in foster care. I and Professor Eugene Shinn have studied changes in intelligence test scores, school performance and personal adjustment and do not find evidence that children are suffering grossly as a result of living in foster care. My view of this aspect of the phenomenon you are concerned with is thus quite benign. By and large, the children I have studied have adjusted with quite remarkable adaptivity to the living arrangements promulgated for them and the foster parents and institutional personnel have tended to perform quite well with the children. Our forthcoming book, Children in Foster Care, will provide quite detailed material in this area and I will not take the time here to elaborate on this matter even though there is much scholarly interest in the fate of children who experience foster care with respect to personality development.

What does concern me with respect to my recent investigations is that there is evidence of large proportions of children being locked into permanent careers in foster care where, over time, there is indication of massive abandonment by their natural parents. Most foster children are simply not visited by their parents. It is the status situation of foster children, their inderminate status, as long-term wards of supposedly temporary care systems that concerns me and I believe will concern the Congress. I believe this has always been the situation faced by foster children. What has changed is an increasing crescendo of voices saying that this is unacceptable.

The task facing you as legislators is how to build on what is good in the service delivery systems that are now available--and there is much that is good--while focussing national energy on an effort to alleviate a core problem besetting the foster care system.

Current Trends

The current period is one in which foster care has increasingly captured public attention as a source of concern. There are frequent news stories in communities across the United States about cases involving conflicts between natural parents, foster parents, or adoptive parents over custody of children caught between the claims of blood ties and those of "real" or "psychological" parents. In addition there have been a spate of news stories allegedly exposing the self-serving and even the malfeasant behavior of agencies who, while receiving major support from the public treasury have been portrayed as unaccountable in carrying out their responsibilities in meeting the welfare needs of the children placed in their care. Major concern has been expressed about the "drift" of children in foster care and the large number of children denied permanent homes through return to natural parents or adoption. Indeed, it is this specter of masses of children caught in a condition of endless limbo in foster care that underlies the necessity of these hearings.

It would be foolhardy and a disservice to children to ignore or minimize the past achievements of child welfare agencies in the United States. From World War I until the 1950's, we witnessed an unparalled development of voluntarism in this country with over a hundred thousand foster family homes recruited by public and voluntary agencies to care for children who were formerly housed in orphan asylums. Over 250,000 children are now being cared for annually in foster family homes. The emergence of the foster family as a major national resource for children has been very much an American contribution. The emphasis upon foster family care for young children has been increasingly emulated by countries around the world as a preferred form of care. As we criticize this system for its shortcomings, we should not lose sight of the fact that in no other area of American lifehas voluntarism in social welfare reached such a stunning level of participatory effort. Hundreds of thousands of American citizens have volunteered in each decade to take responsibility for children unrelated to them.

In recent years, major changes in orientation have taken place in the United States which now tend to define the task facing child welfare agencies in somewhat different perspective than in the recent past. It is no longer considered sufficient that a child be afforded a placement situation in which his basic needs are being cared for in terms of shelter, food and clothing and a benign environment in which positive emotional growth can be enhanced. A newly emphasized criterion is being used to assess the adequacy of an agency's performance: Is a child being assured permanency in his living arrangements and continuity of relationship? It is not enough that he might be placed in a foster family home that offers him family-like care. If he cannot regard the people he is living with as his family, on a permanent basis, his situation is increasingly regarded as reflecting less than an adequate resolution of his life situation.

The notion that all children should be living with their biological families or adoptive families and that foster care should not be a permanent status has taken on such force in recent years that we face the prospect of a small revolution in child welfare as a result. The first revolution in child welfare was the closing down of the mass congregate institutions and the development of foster family care as a major alternative living arrangement. The second revolution may soon be upon us: a massive effort to make the foster care status a time-limited one.

The radical change in our thinking about foster children has been stimulated by a number of developments in recent years surrounding the foster care field. Among these have been the following: (1) Increased success in placing older, handicapped and minority children for adoption. In the not-too-distant past these children tended to be seen as permanent wards of the foster care system. (2) A major development of assertiveness by foster parents and adoptive parents who have organized themselves and have shown strong interest in freeing children for adoption. (3) A changed perspective regarding the rights of natural parents vis-a-vis the rights of the child. There is increasing acceptance of the ideas set forth by Goldstein, Freud, and Solnit (Beyond the Best Interests of the Child) that maintain that continuity of relationship is a critical criterion in decision-making about living arrangements for children. (4) There is evidence that court surveillance of the foster care system through routine periodic review of cases can succeed in moving significant numbers of children into adoption. (See: Trudy Festinger, "The New York Court Review of Children in Foster Care," Child Welfare, April 1975, 211-245).

Tasks Confronting Us

One of the most serious issues facing the child welfare field is the matter of the quality of the management of programs. It would appear that many children become locked into the system because of the lack of systematic management techniques which insure that each child's situation is pursued systematically in goal-oriented fashion. Indeed, it is no easy task to administer a program in which custom-tailored approaches are required and where without systematic accountability systems, children can easily "fall between the cracks".

Finding homes or group care facilities for children whose families fail them and supervising their ongoing care is a most complex process. It requires highly individualized case by case planning. More often than not, the child enters the foster care system on an unplanned basis--a family catastrophe has occurred and care arrangements must be made on an emergency basis. Once a child is bedded down, a range of important questions face an agency: How long is the child apt to remain in care? Is the current placement an appropriate one for him? What can be done for the parents to facilitate the child's return? What services can be mobilized from within the agency and from other agencies?

Finding resources for children who need care is not like filling airline spaces for travellers as some have held. For one child the assurance of his growing up in a permanent living situation may simply require finding a home for his family that has suffered loss of housing through fire. For another child, the path to permanency may involve a fairly torturous and circuitous journey involving an effort to enlist the interest of a parent who has only shown marginal interest, an effort to legally terminate the parental rights of that parent if such interest is not forthcoming and the selection of an appropriate adoptive home.

One of the major problems of administering large child welfare programs has been a long-standing tendency to depend upon case by case planning without the benefit of aggregated data. These programs have defied sound management procedures because it has been impossible to see the forest for the trees. For example, in New York City, with about 30,000 children in care, it is impossible for a commissioner of children's services to determine whether children are getting what they need in the way of permanency of care without computer-derived information. Yet, it is only in this most recent period that this kind of data has been available. Federal help with these management tasks would provide a major contribution to the welfare of foster children.

As a backdrop to these matters, I would like to present findings from my own research that I believe will be of interest to the Congress. I would like to report on such topics as:

(1) the costs of foster care; (2) the phenomenon of parental visiting and parent drop-out as related to dilemma we face about children in care; and, (3) first returns from the analysis of a management information system covering foster care in New York City.

Costs of Foster Care:

In the course of our five year longitudinal investigation of 624 foster children in New York City (1966-1972), Professor Eugene Shinn and I became aware that we were in an advantageous position to illuminate an issue for which data was previously not available: the cost of foster care. We secured information from the New York City Bureau of the Budget about the rate structures agreed upon between the city and some 80 agencies offering foster care services to children for each year between 1966 and 1970. We developed a computer program to calculate the total per diem payment made by the city for each child and thus were in a position to provide a conservative estimate of costs for our entire sample.1/ We came up with some rather startling findings about what it cost to keep children in foster care up to the full four years covered by our study at that time and what it would cost if children still not discharged in 1970 remained in care until they reached 18 years of age. Some of our findings were as follows:

1. In 1970, the maximum payable per diem rate for private agencies was $26 or about $9100 a year. The costs in congregate shelter care could be almost double this amount.
2. For the four year period covered, the City of New York had spent almost $12 million for the children of 467 families represented in our study.

3. For the children of 161 families where foster care was still being used four after the initial placement, it was projected that it would cost some $24 million to care for these children until they reacked 18 years of age.
4. In 23 cases where agencies had been successful in arranging for adoptive placement of the children almost 1 1/2 million dollars had been saved in foster care payments.
5. Among the 161 families with children remaining in foster care, at least four families appeared likely to cost the community over $500,000 in foster care fees for each family. The four families taken together would require 335 cumulative years of service at an estimated cost of $2,508,028--providing no additional children were born and entered foster care. These families ranged in size from five to eight children.
6. We estimated that $122,500 as the cost entailed in providing foster care for an infant child entering the foster care system in 1971 and staying in care for the full 18 years of childhood. This contrasts with an estimate made in 1970 calculated for families in the general population, that the 18 year cost of rearing a child for an urban family with two children in the North Central region was $25,560, based upon a low-cost estimate. (For references to these data,

see: David Fanshel and Eugene B. Shinn, Dollars and Sense in the Foster Care of Children, Child Welfare League of America, 1972).

It seems clear that foster care placement is a most costly enterprise and a child's long-term tenure as the permanent ward of a social agency does not make sense from two perspectives: One, permanent status in foster care is commonly recognized as being highly unfair to children, a most undesirable state. Two, in the act of short-changing these children we also encumber the community with an extraordinary per capita expenditure. To allow a child to spend 18 years in care reflects poor management of precious resources and a gross failure in fulfilling humanitarian objectives.

Parental Visiting of Children in Care

A key issue that must concern the members of Congress represented here is the indication we have from several sources that there is fairly massive abandonment of children in foster care which takes the form of failure of parents to visit or keep in contact with their children.

In a recent study in Massachusetts it was found that less than 30 percent of the children had seen one of their parents within a three month period. Approximately 38 percent had seen their parents sometime within the last six months while the remaining children had no substantial parental contact. In a study of foster children in Arizona, less than 30 percent of the children interviewed reported receiving visits from their parents and only 14 percent reported visiting their parents in their own homes.

As far back as the late 50's, a national study conducted by the Child Welfare League of America that in approximately half the cases reviewed the parents visited infrequently or not at all.

In the longitudinal study of New York City foster children recently completed at Columbia, the saliency of parental visiting was again revealed to us. Some of our findings include the following:

- there was a dramatic decline in the visitation of parents as we followed our sample over a five year period. As children were discharged from care over time, the residual group showed an increasing proportion of those who were unvisited. Whereas 18 percent of the children were not visited at all during the first year of the study, this was true of 31 percent in the second year, 36 percent in the third and 57 percent in the fifth year.

- We found ethnicity a fairly important correlate of visiting. Black children were particularly disadvantaged during the first year in care with more than half receiving little or no visiting.
- Visiting behavior of parents proved to be the best predictor available to us of whether or not the child would return home over the course of the five years during which we monitored the status of the children. We found that 61 percent of the children whose parents engaged in no visiting in the early period of placement were still in care at the end of five years whereas this was true of 31 percent of those whose parents visited frequently but irregularly and 27 percent of those who visited on all occasions permitted by the agency.
- We found that the benefits of visiting persisted across ethnic groups, i.e. higher proportions of black and Puerto Rican children returned home if their parents visited more frequently.
- We found parental visiting was significantly enhanced when relatively more casework time was invested in the family.

We have advocated that it ought to be mandatory for all agencies to keep a log on the visitation of parents to their children in foster care. I know of no community in the country where such information is available on an aggregated basis and is used as a guide to program planning, social policy, and case management. Under our urging, New York City is now moving in the direction of strengthening the requirement that visiting information be monitored and further, that major effort be invested by agencies in sustaining and stimulating parental interest in children in foster care.

Information about the visiting of parents should be readily available as part of the computerized management information systems currently being developed in this area of service. The requirement that this information be available should be formalized into state law and agency practices in this regard should be carefully monitored by the state departments of social service as part of their licensing function. Like the frequent monitoring of body temperature information for assessing the health of patients in hospitals, the visitation of children should be carefully scrutinized as the best indicator we have concerning the long-term fate of children in care. The federal government can play an important role here in developing model state laws in this area and in conducting a nationwide educational campaign to stimulate agencies to deal with the phenomenon of parental visiting more effectively.

Failure of parents to visit their children cannot long be tolerated unless the parent is physically or mentally incapacitated. The question of termination of parental rights naturally arises when a parent drops out of a child's life. It is our view that the problem of so many children being "adrift" in foster care can be aleviated considerable if parental failure to visit is identified clearly and early in a child's career in foster care and a program of action is developed to (1) promote such visiting, and (2) to move toward termination of parental rights if promotional efforts are of no avail. The key ingredient must be timeliness of intervention. Under current practices, the longer there is delay in dealing with the child's predicament, the more unlikely he will be freed for adoption. (For references to these data see: David Fanshel, "Parental Visiting of Children in Foster Care: Key to Discharge," Social Service Review (December 1975).

First Results of System-Wide Computerization of Data on Foster Children in New York City

One of the major problems undermining the sound management of services to foster children in the United States has been the fact that invariably these child welfare systems have been managed without benefit of well aggregated information. While this is true of many human service delivery systems across the United States and is a serious national problem, this weakness has had particularly tragic consequences for foster children. It is a very complicated process to unravel the circumstances surrounding a child's placement of a service plan is not clearly formulated and a sequence of steps to free the child spelled out and monitored, he can remain in limbo all of his childhood years. Time runs out rapidly for children in foster care. If there is no satisfactory administrative review, a child can be robbed of the opportunity for a permanent home simply because he is tucked away and out of sight.

A development that portends well for this field is the introduction of computerization of information. After years of frustration in attempting to introduce computer techniques as a management tool, there are several spots in the country where significant efforts are underway and a major HEW-supported effort in nine-states is about to be launched. In New York City, Child Welfare Information, Inc. (CWIS) has been in existence for several years and we have just recently completed our analyses for over 30,000 foster children included in this system. We now have a computer capability for generation of aggregated reports on the status of children at any time desired and we can access reports for the total system of 30,000 children, a federation of agencies with 10,000 children or a single agency with 420 children. The results of our most recent analysis of the system have helped illuminate the nature of this population. Some findings about 27,000 children in foster care on May 31, 1975 in New York City may be of interest to the Subcommittees represented here:

- The average number of years a child had been in the system was 5.4 years. Twenty percent of the children were long-term wards having been in care at least 10 years.
- About 15 percent of the children were in placement because of alcoholism or drug abuse as a parental problem. Fourteen percent of the children were adjudicated as neglected and 5 percent were abuse cases.
- The system is heavily laden with minority children: 50.2 percent are black and 25.8 percent are Puerto Rican.
- When social workers were asked to specify discharge objectives for children in care, only one child in five was identified as destined to return to own parents and another 3 percent to relatives. Twenty-six percent (over 7,000 children) were going to leave care on their own responsibility at age 18; many of these children will have reached young adulthood after

growing up in the system of foster care. For another fifth of the population, the social workers indicated that adoption was the discharge objective. For fully 30 percent of the children in care there was no discharge plan; these no doubt include many children who have been abandoned by their parents and are unvisited.

- Fifty-five percent of the children over 10 years of age who had been in care at least 10 years were destined to be discharged to their own responsibility.

When we analyzed some 3600 cases that had been discharged during the year June 1, 1974 to May 31, 1975, we came out with the following information:

- Discharged children who are new arrivals, i.e. who have come into care during the past year, are more likely to return to their parents (65 percent) or to relatives (15 percent). For children who had been in care at least a year, only 49 percent were returned to parents and 6 percent to relatives.
- For discharged children who had been in care at least a year and were between six and nine years of age, 23 percent were discharged through subsidized adoption. It is of interest that black Protestant children have the highest proportion of children adopted by their foster parents through subsidized adoption.

We plan to extend the computerized data base to include such information as the frequency of parental visiting of children in care, the length of time the children have been in specific locations, and--most important--the degree to which service plans designed to release children from care are met. Increasely, we see computerized information as affording the possibility of rationalizing service delivery by pointing up potential service failures early so that administrative intervention on behalf of children will be possible.

(For references to these data see: David Fanshel and John Grundy, Computerized Data for Children in Foster Care: First Analyses from a Management Information Service in New York City, Child Welfare Information Services, 200 Madison Avenue, New York, N.Y. 10016, November 1, 1975).

Federal Role

Unfortunately, the role of the federal government in lifting the level of service made available to over 300,000 foster children in the United States has been an uneven one.Despite a long-term tradition of interest in this area that dates back to the founding of the United States Children's Bureau,efforts to lift national standards of service have been quite disappointing and increasingly ineffective. The division of responsibility within HEW for programmatic/ activity poses a serious problems and serves to diffuse the federal effort. A greater handicap has been the low priority assigned foster children over several decades reflected in the relatively low level of federal funding for program innovation and the limited number of HEW staff working on problems of foster children. For too long the assumption has been held by legislators and policy analysts that problems of foster children would be taken care of if large scale social programs such as day care, Head Start, and other poverty-oriented programs became available to vast numbers of children. The assumption has been ill-founded because (1) Day care and other services have not been funded on the level anticipated; and,(2)There is no proof that such programs will prevent children from coming into foster care on a significant scale. Most children come into foster care because of the collapse in functioning of their parents. Mental illness, physical illness, drug addiction,alcoholism, and neglect and abuse are/ major adult-related reasons for children being separated from their parents. Day care will not cure the problems of adults although relief from the burdens of child care might ameliorate problems for some parents who need respite from their responsibilities.

The time is ripe for a significant federal programmatic in-put into this problem area. I would propose that the federal contribution have the following characteristics: (1) That a campain be launched to focus national attention upon the foster care situation; (2) that the federal effort be problem-focussed: on the indeterminate status of masses of children in foster care; (3)that the federal effort be designed to first insure that the natural parents of children receive service aimed at restoring their capacity to take care of their children in their own homes; (4)that the federal campaign be designed to promote the adoption of children where efforts to enlist parental interest and active involvement in the lives of their children fail; (5)that the federal in-put include support for research which will clarify important phenomena (e.g.,why extraordinarily large numbers of parents do not visit their children in foster care, why there is "drift" in the way agencies deal with the status-problems of foster children, why legal termination of parental rights is such a critical barrier to the freeing of unvisited children); (6)that provision be made for technical assistance and staff training with special emphasis upon improved management of programs to insure goal-oriented and carefully monitored activity designed to provide permanency to children. I would like to briefly expound upon my ideas in each of these areas:

1.Campaign Against Drift

The recent activity of the federal government in the area of abuse and neglect of children provides a model for impacting upon the status problems of foster children.I would urge that new legislation provide for a five year period of time in which clear-cut goals would be set forth and nationwide activity promulgated. A major aim of the campaign would be to markedly increase citizen awareness of the problems of foster children and to stimulate a broad range of interest and activity by legislators,public social service officials, and laymen. The use of mass communication media should be an important feature of this campaign.

2. A Problem-focussed Effort

Despite the many strong and positive features of the services delivered to foster children- and by and large they are being cared for relatively well - the Achilles' heel of the system is the fact that a staggering proportion of the children in foster care are in limbo. Too many youngsters have not seen their parents in years and nothing has been done to offer them a satisfactory alternative arrangement.The problem focus of the campaign should result in intense scrutiny of those practices of agencies/that lead to the situation of drift in the care of foster children.In past years we assuaged our collective consciences by providing substitute living arrangements which made available relatively decent care to children but offered them no sense of permanency. There is now a national consensus developing that every child is entitled to belong, to be part of his own family through return home to his natural family (or his relatives) or to be adopted by those who would like to open their home to him. Impermanency of living arrangements is being defined as a scourge upon children. The time is ripe for launching a problem-focussed campaign against this scourge.

3. Parents as a Key Factor

It has long been known that a key factor in the "drift" of children in foster care has been the failure across the United States to adequately render service to the families of these children. Service to parents has been meager, untimely, and inappropriate. The parents of children in foster care are beset with the most pernicious problems: physical illness, mental illness, drug addiction, alcoholism and other overwhelming problems. Most of the children who become long-term wards of the foster care system are in care because other health and welfare systems have failed their parents. Society's failures are thus compounded: parents are failed in their basic needs as adults; and the child welfare system, after inheriting the consequences of parental breakdown, is not able to mobilize resources to help restore parents to adequate functioning. (See: D. Fanshel, "Parental Failure and Consequences for Children: The Drug-Abusing Mother Whose Children are in Foster

Care", American Journal of Public Health, June 1975, 604-612).

While I find myself, by and large, very much in accord with the recommendations of Dr.Paul Mott in the report prepared for the Sub-Committee*, I do find insufficient emphasis placed upon the need to render more effective service to parents and perhaps too much emphasis placed upon what are called "child's rights". The rights of parents and children are not polar opposites. When parents are poorly served the rights of their children are being denied in a most profound manner. I would urge the Congress to place heavy emphasis upon mobilization of service to parents as a key feature of federal legislation dealing with foster care services for children.

One of the basic dangers I see in the current consensus that is developing around the problem of "drift" in foster care, is that there is a very noticeable tendency in some quarters to make short shrift of natural parents who have failed their children. Lifting the banner for foster parents and adoptive parents, there is a much too cavalier readiness to early terminate the rights of natural parents even when there has been no real effort to be helpful to these hapless victims of poor service delivery. I view the termination of parental rights as the reflection of one of the most extreme forms of state power. It should be used most gingerly and judiciously. People should not be penalized because they are poor, because they are mentally ill, or because they are afflicted with drug addiction or alcoholism. They should not be penalized because they offend the middle-class sensibilities of others. They should not be penalized because it is less expensive for society to terminate their rights and allow others, better endowed with resources, to replace them as the parents of their children.

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* Paul E. Mott, Foster Care and Adoptions: Some Key Policy Issues

I would very much hope that legislation in this area would provide opportunity for agencies to render service to parents of children in foster care in new, more meaningful and imaginative ways. I would particularly emphasize case advocacy efforts by child welfare workers seeking to enlist more responsible and more effective service delivery to parents from medical care facilities, mental hospitals, addiction services agencies, housing departments and public assistance departments. New legislation should provide for field experiments in which the interface between child welfare agencies and other social service and health systems is organized in more rational fashion.

Termination of parental rights will be necessary in some cases, and such procedures should themselves be subjected to greater rationalization. However, the move to termination should only come after a genuine effort has been made to restore the natural parents to more adequate functioning.

b. Adoption As An Alternative to Drift

If dilligent effort does not lead to the emergence of interest and involvement of natural parents, adoption obviously is a major resource that should be considered for children. My own past research in adoption has convinced me that the adoptive family can be as viable and supportive of children as most natural families. (See: b. Jaffee and D. Fanshel, How They Fared in Adoption, Columbia University Press, 1970; and, D. Fanshel, Far From the Reservation: The Transracial Adoption of American Children, Scarecrow Press, 1972).I would agree with Dr.Mott's emphasis on attempting to restore children to/families early in the placement experience and,if this fails, to move quickly toward initiating the adoption process. Federal legislation which would help deal with the costs of adoption ought to be considered. I am mindful of the fact that 25 percent of the children aged 6 to 9 years who left foster care in New York City last year were able to leave the system through the route of subsidized adoption,most of them being adopted by their foster parents. Subsidized adoption/ also turned out to be an important resource for minority children. (See: D.Fanshel and J.Grundy, Computerized Data for Children in Foster Care: First Analyses from-A Mangement Information Service in New York City,Child Welfare Information Services,Novemeber 1,1975)

5. Needed Research

There has been too much rhetoric about foster children with little systematic data. Congress could make a major contribution to clarifying issues that surround this phenomena by enacting legislation which would provide research support for scholarly work to procede in this area. Some issues that need illumination are the following: (a)What are the factors that inhibit parents from visiting their children in care? Are agencies doing all they can to facilitate such visiting? Would special funding for transportation expenses, baby sitter costs for mothers with other children at home, and agency buses/to transport parents change the situation? Do parents need to have better information about their rights to visitation? Should casework service be more closely directed to the phenomenon of parental visiting? (b) What is the nature of the relationship between child welfare agencies and other agencies serving parents? Would a program of case advocacy directed at mental hospitals, addiction service agencies, and other service agencies succeed in garnering sufficient help for parents to enable significant numbers to take their children home again? How can agencies serving parents cooperate with agencies providing foster care to children so as/to end the gap that presently exists in the organization of services? (c)Will computer-assisted"goal-oriented" approaches succeed in overcoming the problem of "drift" in foster care?Can case management procedures be rationalized so that a series of service interventions be undertaken and monitored which would either return children home or result in their adoption?

6.Technical Assistance and Training

The "Great Society" social programs of the '60's have been occused of being well-intentioned and reflective of a generous national spirit towards the poor -but horribly mismanaged. The claim has been made that a great deal of money has gone "down the drain" and that no lasting benefits have resulted from many of these efforts. I do not wish to engage in debate about this issue but would rather say that concern for sound management of social programs is legitimate and not open to dispute. The most liberal Congressmen will agree with their most conservative colleagues: no matter how well-intentioned a social program may be, it must be well managed. It is my belief that foster care for children could well set a standard for other human service delivery systems in bringing to bear the most modern system management practices upon a social problem.I would see legislative support for technical assistance and training as providing benefits not only for foster children in limbo but but for other service systems as well.

Technical assistance should emphasize: (a)Computerization of essential data and management of the systems by exploitation of these data;(b)Training of administrators to be intelligent consumers of data reports; (3)Establishment,as suggested by Dr.Mott,of goal-oriented approaches to freeing of children and developing management systems for monitoring the achievement of goals on a timely basis;(4)Rationalizing the inter-face between relevant service systems;(5) "Costing out" alternative approaches to freeing children from longterm placement; (6) Partializing caseloads so that a variety of alternative interventive procedures are available so that versatility of approach becomes an inherent feature of service delivery; and, (7) accountability mechanisms be created to insure that children are not "falling between the cracks".

This can be a very exciting period in the radical reshaping of foster care services for children. We have identified a problem that effects over a hundred thousand children. There is a stable service system in place to meet the problem. This service system has performed yoeman service for children in the past and, with suitable federal in-put, can take on the task of freeing children from a condition of impermanency that we all agree is not to be tolerated.

It seems clear that the federal government has not yet positioned itself to have a major impact upon the problem. The division of responsibility in HEW between competing organizational units makes no sense and ought to be dealt with. The sound place to locate these responsibilities would be in the Office of Child Development which already has large responsibility for the abuse and neglect programs and, through the U.S. Children's Bureau, has a tradition of concern in this area. This is not to down-grade the activities of the Community Services Administration which has played a major role in this area.

A country that can develop a technology that links two spaceships in outer space can bring human concern and technology to bear in joining children and permanent parents together on earth.

* * * * *

Question: How does one recognize the phenomenon of D-R-I-F-T of children in foster care?

Answer: D-R-I-F-T is when an agency is potentially encumbering a half-million dollars in foster care fees for a single family and nobody gets excited.

Answer: D-R-I-F-T is when a social worker is asked to indicate the discharge plan for a two-year old child in foster care and she checks discharge to own responsibility

Answer: D-R-I-F-T is when a mother shows no sign of improvement in a mental hospital and the child welfare agency fails to apply pressure upon the hospital for better and more intensive treatment for her.

Answer: D-R-I-F-T is when a parent fails to visit for the first two months of the child's placement and no program has been developed to involve her/him more meaningfully

Answer: D-R-I-F-T is when a community does not know how many children in foster care are unvisited.

Answer: D-R-I-F-T is when a very young child is in "temporary" care for three years with elderly foster parents.

...... and so forth.

Senator MONDALE. Our next witness is Gary Haselhuhn, director, Division of Social Services of the Minnesota State Department of Public Welfare.

We are very pleased to have you with us today. We will put your statement in the record at the conclusion of your testimony together with the underlying background data.

STATEMENT OF GARY HASELHUHN, DIRECTOR, DIVISION OF SOCIAL SERVICES, MINNESOTA DEPARTMENT OF PUBLIC WELFARE

Mr. HASELHUHN. Thank you, Senator Mondale. We appreciate very much the opportunity to share with you some observations regarding foster care for children in Minnesota.

Since we have submitted a statement for the record, I would just like to highlight a few observations.

We have 4,643 licensed foster family homes, and 84 licensed group homes in Minnesota. Approximately 7,400 children are placed in foster care in such facilities.

In addition, about 750 children with emotional handicaps receive treatment services in 29 residential treatment centers in the State.

Senator MONDALE. How many?

Mr. HASELHUHN. 750 with emotional handicaps receive treatment services in 29 residential treatment centers around the State.

The number of children in foster care has remained fairly constant over the past 4 or 5 years. We are undoubtedly faced with similar concerns, as other States around the country, insofar as the quality of the service is concerned.

Although we do take some pride in our efforts to raise standards and improve the quality of foster care service, we do not yet find satisfaction in the results of such efforts.

We are presently engaged in one such effort to develop foster care practice policies in accordance with recommendations of the American Public Welfare Association in their publication, Standards for Foster Family Services Systems with Guidelines for Implementation Specifically Related to Public Agencies.

However, it is one thing for a State agency to develop, promulgate, and disseminate rules and guidelines for foster care services, and quite something else to enable and assist local agencies staff to put such directives into practice.

In our opinion, one of the main barriers to achieving improvements in the quality of foster care service essentially has to do with insufficient funding for technical assistance, training and staff development programs for agency staffs and foster parents.

A major source of funding historically in Minnesota for such purposes has been funds available to the States under title 4(b) of the Social Security Act.

As late as 1970 we were investing a considerable amount of 4(b) funds into financing agency staff development programs and educational leave for staff to complete graduate training in social work with particular emphasis in the child welfare field.

With the appropriations of the title 4(b) program remaining at about the same dollar level for a number of years, we have been unable to continue with such programs because of inflation.

Another problem, more of our own making, has been one of emphasis. The focus on child welfare services has become somewhat blurred. Social services in a broad sense have become more visible, and new services developed due to such factors as title 4(a) and title 6 funding, and now title 20 funding nationally.

This, in combination with what we perceive as a lower profile by the Department of Health, Education, and Welfare, insofar as child welfare services are concerned, has resulted in less emphasis on the improvement of child welfare services in general, and foster care service in particular.

We want to make one comment on the report prepared for the Subcommittee on Children and Youth entitled "Foster Care and Adoption—Some Key Policy Issues." We find that that report essentially coincides with our State experience.

However, we do have some concern with the methods suggested in relation to goal 5, that goal having to do with providing stable foster care settings for those children who need it.

There are certain specific recommendations regarding foster care that we believe are appropriate for children whose parental rights have been terminated, and for whom the best possible plan is permanent foster care.

However, these same recommendations are questionable in relation to foster care in general.

The specific recommendations to which we refer are found on page 37 of the report, the ones having to do with the shifting focus from the agency to the foster parents, changing the existing expectations of all participants that placements are temporary, and before making a placement decision, determine that the placement has the potential for a long-term commitment to the child.

The reason for our taking issue with these recommendations is that we still hold to the belief that appropriate and intensive services can restore families, and that this must be given a chance before we assume that these families are not restorable.

Finally, I would like to offer a few observations about the cost and the present methods of financing foster care.

Payments for foster care itself, including agency service staff costs in Minnesota for the fiscal year which ended June 30, 1975, totaled $24,406,510. Federal funds available through the aid to dependent children—foster care program for foster care payments and through title 4(a) financial participation in foster care services of agency staff provided for $7.4 million, or less than 30 percent of this total.

Foster care rates are established by local county welfare boards under guidelines recommended by the State, and range from $104 to $153 per month, depending on the age of the child.

We would hope that some consideration could be given to increased Federal financial participation in the cost of foster care itself. It seems to us that possible improvements in two existing mechanisms merit some consideration in this respect.

One is the level of appropriations under title 4(b) of the Social Security Act, and through an increase in this appropriation some measure of funding assessment to the States for foster care could be achieved.

The second would be to reconsider the present provision that exists in regard to title 20 of the Social Security Act that prohibits the use of title 20 funds for foster care itself.

From a funding standpoint, foster care, we think, is badly fragmented. We believe if these fiscal aspects of foster care were unified within the same mechanism for Federal financial participation, a better integrated service could be achieved.

The three fiscal aspects to which we refer are, first, the actual foster care maintenance costs themselves; second, special service payments to foster parents, when their efforts must go beyond the usual parental role; and, third, agency staff costs for services to the child, the natural parents, and foster parents.

Such an integrated funding mechanism could provide the basis, we think, for an expectation that States develop and implement all components that need to be a part of foster care service. This could have a major impact on foster care not being an end in itself, but a means to reuniting the child with its natural parents, or in those instances where necessary, arriving at earlier alternate permanent plans for certain children.

Thank you for the chance to share the comments with you.

Senator **MONDALE.** Thank you very much.

What do you estimate the average public cost in Minnesota to be for foster children, if you have a rough estimate?

Mr. **HASELHUHN.** For foster care services, for the payment of foster care itself?

Senator **MONDALE.** Yes. I would think services, plus subsistence payments. Put those together.

Mr. **HASELHUHN.** I would estimate—this is pulling figures somewhat out of the air—in the neighborhood of $3,000 to $3,500 a year. I am talking more or less of the normal child.

Senator **MONDALE.** If you get a handicapped child, those costs would go up substantially?

Mr. **HASELHUHN.** Yes, and of course, in residential treatment it would be much higher.

Senator **MONDALE.** Do you think there is a value in trying to put resources into prevention, and into adoption? Do you think there is merit in trying to put new resources into prevention and the adoption side?

Mr. **HASELHUHN.** Very much so. We feel our first efforts should be attempting to maintain a child in his own home, and we do believe that by early intervention, other kinds of expanded services, such as homemaker services, expanded counseling services, expanded kind of emergency crisis services, much foster care could be prevented.

Senator **MONDALE.** Do you think we have enough resources to do that now?

Mr. **HASELHUHN.** I do not think we do. I have to add to that, if we are going to maintain other programs at the present level.

At this time title 20 has been regarded as a primary source for services. We have been at our ceiling in Minnesota for 3 years. It really has a potential for what I would call the cannibalistic type of effort in terms of one group going after another one, saying, "my needs are more important," and if all needs are to be maintained at present levels, clearly it is inadequate.

Senator MONDALE. Thank you very much. We will be submitting questions to you in writing.

[The prepared statement of Mr. Haselhuhn and material referred to follow:]

STATEMENT OF GARY HASELHUHN

by the
State of Minnesota
Department of Public Welfare

November, 1975

Minnesota is a county-administered, state-supervised welfare system. As of March 31, 1975, there were approximately 7400 children placed in foster family and group homes. There were 4,643 licensed family homes and 84 licensed group homes. In addition, as of June 30, 1975, approximately 745 children with emotional handicaps were in 29 residential treatment centers. Included in the above vigures are 1628 children under state guardianship as dependent and neglected who were in foster family and group homes.

The numbers of children in placement over the last few years has remained fairly constant with a small decrease in the number of children in foster family homes and a somewhat larger increase of children in group homes. (See Appendix, "Trends in Child Social Service Caseload, Five-Year Period 1971-75.)

Minnesota struggles with similar concerns as are being identified throughout the country. While we pride outselves on our efforts to raise standards and upgrade the quality of our services, we are painfully aware of the distance we must go to close the gap between what we know is desirable and what our present capabilities permit.

Unfortunately, we suffer from the lack of hard data to document what is happening in foster care. We hope to gain a better sense of this when a current study and evaluation of foster care throughout the state is completed.

Despite this lack of data, we know that there are weaknesses in our foster care system. From formal as well as informal contacts with agency foster care workers, foster parents, foster children and the parents of foster children, we know that many components of good foster care practice are missing. A state agency can establish standards and provide guidelines; the real problem lies in improved capabilities needed by the local agencies to implement such standards.

What are some of our concerns? Prevention is a primary concern. Undoubtedly, many foster care placements could have been prevented if other programs geared toward strengthening families and keeping them intact had been given high priority along with funding to make them possible. Such services should include family life and parenting education as part of a youngster's secondary school curriculum; counseling programs for families to assist them through periods of stress, with particular emphasis upon marital counseling for couples; family subsidies and employment opportunities as means for preventing the stress that develops when families face overwhelming financial burdens; early case-finding to identify potential problem situations; in-home services such as homemakers, as a means for helping families before their situation deteriorates to the point of requiring more drastic measures.

However, even if a reasonable effort were made in prevention and early intervention, other concerns exist as well. We are convinced that foster care for the great majority of children placed, can be what it was originally intended to be -- a temporary substitute arrangement for a child while something is done to correct or ameliorate the circumstances which necessitated placement. We hold to the belief that most families can be rehabilitated and that the majority of children in foster care can be reunited with their families. We are well aware of the Maas and Engler study which revealed that if a child is in foster care for more than two years, he is likely to remain in foster care. Intensity of service over a short period of time is crucial. It is with consternation that we review figures compiled by our Department in June of 1973 which indicate that over one-third of the children in foster care in Minnesota had been in placement for five years or longer and almost two-thirds of the children had been in placement for over two years.

The kind of intensive efforts required to restore families in a short period of time demands staff of adequate size with adequate training. Foster care service is complex and time consuming. Skilled staff with manageable caseloads are essential. It takes time and skill to alter conditions in the child's own family or, if this is not feasible, to help the family relinquish the child so that other permanent plans can be made. It takes time and skill to help a child who is separated from his family so that the placement is a constructive rather than a destructive experience. It takes time and skill to support and assist a foster family in their efforts toward a separated child who is in need of unusually sensitive and skilled parenting. These intensive efforts are virtually impossible with agencies fighting the constant and ever-losing battle of insufficient funds to hire, train and retain sufficient staff to carry out this complex and demanding job. To add to the problem, staff turnover is high. Social workers are candid about the frustrations of being inadequate to an impossible task. This turnover produces, in turn, an additional barrier to fulfilling the service objectives, for the child, his family and the foster parents must establish a workable relationship with a new service worker. This new worker is likely to have less experience and skill, not to mention less time because he is orienting to a new job. It can become a vicious cycle.

A major problem is the shortage of foster homes. Foster parenting is an extraordinarily demanding task, yet most foster parents are paid barely enough to cover the costs of a child's care. In Minnesota, the local agencies establish their own foster care rates. The state agency provides guidelines based upon Bureau of Labor Statistics cost-of-living figures. The present recommended payments range from $104 to $153 per month, depending upon the age of the child, and cover food, clothing, personal allowances and miscellaneous expenses. Counties are encouraged to pay foster parents a service fee above and beyond these maintenance figures but are either hard-pressed for funds or restricted by conservative boards who continue to view foster parents as good-hearted volunteers. We believe that if foster parents were compensated adequately for their services it would be possible to recruit and retain better quality foster homes. The professionalization of foster parents would affect the status of foster parenting making it possible to tap new resources. Many now entering the job market might be attracted to this job instead. Foster care providers could be required to participate in the training necessary to carry out the job.

The tragic consequences of being forced to place a child in an unsuitable home due to a shortage of homes is that the placement is too often destined for failure. As a result, children are too frequently moved from home to home or, as the problems compound, to facilities such as group homes or residential treatment centers. The price that is paid in terms of the consequences for the child is evident; the ultimate financial costs to society are also apparent. The payment of $15 per day at the outset to trained and skilled foster parents might have made it possible to achieve the objectives of the placement. How much less costly to keep a child in such a home for a year than to find that same child ultimately costing $35 to $50 per day in a residential treatment center! In other words, the opportunities for accomplishing something constructive with placement decrease with each move and finally disappear altogether.

The Minnesota legislature has for four years appropriated funds for the treatment of children with emotional handicaps. $2,212,000 was appropriated for the biennium July 1, 1975 to July 1, 1977. This provides for up to 70% state participation in the total cost. Priorities for the use of the funds are as follows: Priority one, children under age 12 in residential treatment centers; priority two, children aged 12-18 in residential treatment centers; priority three, children in group homes: priority four, children in foster family homes. Unfortunately, it is unlikely that there will be sufficient funds to cover more than priority one and a portion of priority two. The funds will not stretch to support specialized family or group homes to prevent institutionalization. One of the Title XX goals is the prevention of inappropriate institutional care by providing community based care. This goal could be helped to become a reality if the total costs of a child's care in foster family homes were federally reimbursable from Social Service funding made possible by an increase in the current 2.5 billion ceiling.

There are several steps we would like to undertake at the state level but cannot due to shortage of funds for sufficient staff. One such step would be to provide more program direction and technical assistance to the local agencies. A second would be to provide more skill training to agency service workers. A third step would be to provide special attention to the foster care needs of minority group families; a fourth step would be to develop an adequate information system. Unfortunately, our limited staff and funding limitations currently impede this effort.

In our opening paragraph we indicated that there are approximately 7400 children receiving foster care in Minnesota. The payments for foster care total $24,406,510 annually. Slightly over nine million dollars of these payments were through the Aid to Families with Dependent Children Foster Care Program. The federal share was $5,184,082, with the remainder of slightly under four million dollars being state and county funds. Of the other fifteen million dollars, about 2.2 million were federal funds and the balance state and local dollars. Federal funds, therefore, provide for only about thirty percent of the cost of foster care itself in Minnesota.

We would like to comment briefly on the report prepared for this subcommittee by Paul E. Mott, Ph.D., entitled "Foster Care and Adoption: Some Key Policy Issues."

The five goals recommended in the report are consistent with our views, particularly in regard to foster care. We do have some concerns, however, about some of the recommendations made under Goal No. 5 - "Providing stable foster care settings for those children who need it." We favor increased involvement of foster parents in order to benefit from their knowledge of the children in their care. We are, however, concerned about the following recommendations:

1) "Shift the focus from the agency to the foster parents...."
2) "Change the existing expectations of all participants that placements are temporary."
3) "Before making a placement decision, determine that the placement has the potential for a long-term commitment to the child."

The reason for our taking issue with these recommendations is that we still hold to the belief that appropriate and intensive services can restore families and that this must be given a chance before we assume that these families are not restorable. Those pilot projects which have poured skilled intensive efforts into either returning a child home or making another permanent plan have demonstrated that it can be done.

An example of one of these pilot projects is summarized in the article entitled "Reducing the Length of Foster Care" attached in the Appendix. Child and Family Services of Chicago, Illinois, demonstrated that 84 out of 87 children placed in foster care could find a permanent home in no more than eighteen months. Underlying the agency's effort were the following contentions:

1) Every child has a right to a permanent home.
2) Foster care is a temporary arrangement, not a solution.
3) Extended foster care is damaging to children.
4) Only two roads to permanence exist for the child: rehabilitating his natural parents or family, or helping them to free him for adoption.

5) Inactivity on the part of the caseworker and/or the child's parents perpetuates the state of extended foster care.

6) Adoption is a realistic alternative for the older child.

Essentially, the agency questioned its own traditional approach to permitting parents to flounder in indecision for indefinite periods of time while their children were in "limbo" in foster care. The agency provided intensive services to the natural parents to help them correct the problems which precipitated the placement and to help them follow through on the decision as to whether the child was to return home or to be released for adoption.

They summarize their project in the following words: "The crucial questions then are not whether natural parents can be rehabilitated or which children are adoptable, but whether we can be creative in working with natural parents and inventive in finding adoptive homes for the hundreds of children whose physical, emotional and social circumstances have caused them to be denied their birthright."

We are concerned, then, about the hazards of operating on the assumption that placements of children in foster care are likely to be long-term. The expectations of foster parents, agency, children and natural parents would operate against, virtually preclude, efforts toward returning the children to their own families.

We believe the major intent of possible congressional action in the foster care area should be directed toward rectifying several key problems.

1) Recognize both foster care and agency service to children and their families as an integrated service to be funded at the seventy-five percent level, as is possible for other social services at the present time through Title XX. For this to have an impact, an increase in the Title XX ceiling would be necessary.

2) Provide recommended opportunities for the training of child welfare staff through an increase in the present Title IV-B appropriation.

3) Encourage the development of innovative services to children and their families so as to prevent separating children from their families and reducing the length of time that children are in foster care. Such encouragement could be provided through demonstration project funding.

Representative HALL [presiding]. Our last panel of witnesses is composed of Alfred B. Herbert, Jr., director of the Black Child Development Institute; Richard O. Pancost, executive director of the Children's Home Society of Los Angeles, Calif.; and Ian A. Morrison, president, Greer Children's Services, Millbrook, N.Y.

May I say to you that your testimony will be made a part of the record. Perhaps I could suggest that each of you limit your oral testimony to 5 minutes.

Mr. Herbert.

STATEMENT OF ALFRED B. HERBERT, JR., ADOPTION DIRECTOR, BLACK CHILD DEVELOPMENT INSTITUTE, WASHINGTON, D.C.; ACCOMPANIED BY RICHARD O. PANCOST, EXECUTIVE DIRECTOR, CHILDREN'S HOME SOCIETY OF CALIFORNIA, LOS ANGELES, CALIF.; AND DR. IAN A. MORRISON, PRESIDENT, GREER CHILDREN'S SERVICES, MILLBROOK, N.Y., AND CHAIRMAN, THE PUBLIC AFFAIRS COMMITTEE, AND MEMBER OF THE BOARD OF THE NATIONAL ASSOCIATION OF HOMES FOR CHILDREN, A PANEL

Mr. HERBERT. Mr. Chairman, I am Alfred B. Herbert, Jr., as you stated, project director of the Black Child Development Institute, which is a national advocacy organization concerned with the human development and rights of black children.

Over the past 4 years the Black Child Development Institute has been actively concerned about the adoption problems of black children, and during the course of our work we have come to find out it is only one piece of a very tragic situation that faces black children, and we have been quite concerned and interested in foster care.

The recommendations come out of the task force which recently assembled black experts in child welfare. There were about 10 of us who came up with certain conclusions about what is happening, and I would just kind of basically summarize certain points.

No. 1, black children are overrepresented in the foster care system. Out of 300,000-odd children that are in foster care, approximately 40 to 50 percent of these are black, and we represent only 10 percent of the population of the United States at large.

There are two factors which lead to this overrepresentation, in our view. One is racism, both from within the broader society, as well as within the child welfare system itself; and the second is the organization of foster care as a service.

I am sure members of the committee are well aware of the chronic problems that black families are faced with in terms of inadequate housing, inadequate employment, and inadequate education; and that these circumstances, as we see them, prohibit black parents from parenting despite our long tradition of being able to raise viable families.

As studies will show, most of the children who are in foster care come from AFDC families which again only exacerbates the many environmental problems.

Within the foster care system itself there is an attitude that has prevailed, that poor and black families cannot raise children, and that the main response that has been offered to black families and their problems is to take the children out of the home.

This, which we call the rescue syndrome, has done little in terms of really helping the situation, except saying that we have gotten the children away from these horrible families.

We also have some statistics which reflect that black children remain in foster care longer than white children, that black children either were returned to their natural parents or to their adoptive parents, and at the same time that while it was bad for any child, that white children are escaping the system at a higher rate than black children.

The other factor in terms of the organization of care services, as I think has been pointed out here today, it has grown into an entity unto itself. It is a system connected with nothing. It fosters nothing but a kind of maintenance of children, of keeping them there, and just disrupting their lives constantly, and it has no connection with either types of service that perform permanency of adoption or preventive services which are going to let a child remain in his own home.

In terms of our recommendations, the first and foremost, although we know this is not under the purview of this committee, there are going to have to be major changes within society as far as guaranteed annual income, adequate housing, and equal educational opportunities, in order to stop the overrepresentation of our children in foster care.

Unless this happens, even though some very basic reforms are made in the system, we are still going to have the problem of large numbers of our kids coming into the system.

The second thing that we feel, which is of highest priority, is a system of preventive services which will prevent the breakdown of families, and be able to provide support in time of crisis, and to keep children out of foster care.

The second would be that there need to be mechanisms established which would insure the continuity of care and continuation of services. This is both prior to a child entering care, while he is in care, that he receive specialized medical services, and also after care, so that when a child is discharged there also should be services provided to the family to prevent the child from coming back into foster care again.

Also we feel that there should be continued public support for children upon their discharge from foster care. This happens particularly with the child who reaches the age of maturity, when the State is no longer responsible for him.

In some instances many of the children are just turned out literally with no preparation for experiencing the adult world, with no job training, or what have you, and this only creates a problem, and they may eventually wind up in prison, or other kinds of things, which are neither good for society nor the child.

So there have to be provisions to support the child, as not only in these categories of children, but also the situation where children in foster care can receive more benefit than they could with their natural families in terms of medical care, special education, and what have you.

We feel that when a child, even if he is under 18, is discharged, that the family should also be able to receive these benefits for the child at that time.

We feel, as has been stated here today, that there has to be mandated review of each foster care placement, that children cannot go into foster care and be locked in; that there has to be an external, independent body which is going to review each placement over a period of time.

We have suggested the time that each review should occur in relation to the age of the child.

Our other recommendation is that there needs to be funding which is going to encourage the development of black child welfare agencies. We feel that this is one area where potential solutions for our problems emerge. These agencies would be black designed, black developed, and black administered child welfare agencies.

There are approximately six that we are aware of across the country, and even though the programs tend to differ, they have all done exceptional jobs, whether it be in adoption, in foster care, and we feel that these efforts need to continue.

They are not going to solve the whole problem, but we feel there will be much more flexibility than would occur within the public agencies, and this should be part of the action.

The other part is that there needs to be funding which will encourage the training and increase the number of black professionals serving black children and their families.

All too often it is a fact that many white workers do not understand the cultural and racial differences, and this creates a barrier between being able to understand the black families.

At the same time we have found in many agencies there is an underrepresentation of black workers, despite the fact that often caseloads may be 50 to 60 percent black.

So that we feel that there has to be a greater influx of black professionals into the child welfare field.

Concomitant with this, we also feel there needs to be a revamping of adding training into social child welfare training, into the social work curriculum, and there needs to be funding to encourage this kind of thing in schools of social work.

Thank you.

Representative **Hall**. Thank you, Mr. Herbert.

I do not like to dwell on questions, but I thought I noticed in the early part of your testimony you said something to the effect that there was racism in the child welfare system, or in the foster care system.

Mr. **Herbert**. Yes.

Representative **Hall**. Would you speak to that for just a minute? Could you clarify that a little?

Mr. **Herbert**. I think it comes about in two specific ways. One is that, generally, black families may be judged as though they are unable to care for their child, and that the workers in the system may respond to this, instead of as opposed to what the families can actually do for the child, they begin to automatically say, well, he needs to be taken out of this home.

I think that is one instance of the type of racism that exists within the child welfare field.

The second, again traditionally and historically, is the emphasis on taking children away from poor and minority families where there is a difference. There has been this kind of thinking in the child welfare field, that they are better off in some other place.

So I think that these are where the racism comes in. I think a parallel situation came about if you look at the public response during the Vietnam crisis, the first thing was to take the orphans out of their country and place them here with adoptive families, and there were not that many people who did any research about Vietnam or the families there, as opposed to providing or encouraging financial support to keep the kids in that country, and within their own families.

So I think that is the kind of way this system is working.

Representative HALL. Thank you.

It is a kind of byproduct.

Dr. Morrison, would you like to proceed, please?

Dr. MORRISON. My name is Ian A. Morrison, and I am president and chief executive officer of an organization called Greer Children's Services of New York. I was one of the founders of the Child Welfare Information Service Dr. Fanshel related to a few moments ago.

I am here today as representative of the National Association of Homes for Children in America. I will try to summarize what you have already in documented form.

The heterogeneity of the agencies I here represent today of foster care in this country cover many areas of foster family life, institutional life, group homes, group residences, and the gamut of services offered by children's agencies across this country, can range from single services of foster family homes to a gamut of services that include all of those aforementioned, plus day treatment, preventive services, family services, and adoption.

It is the belief of the people whom I represent here today, based on some data available to us, most recently that in New York, compiled by Dr. Blanch Bernstein for the New York State Board of Social Welfare.

In that study, which is just completing this week, and will be reported on next Tuesday in New York, it was found that 7 percent of the children in care at the current moment in New York City could be returned to their homes if preventive services and supportive services were available once they returned home.

That study further concluded that at least 80 percent of the children in foster care in New York City—that is 28,000 children—are placed due to parental unwillingness or inability to care for them.

Both these findings have the clear implication to us, that an array of services in a community designed to prevent placement cannot be envisioned as a panacea which would obviate the need for foster care, and there can be no question that preventive services are willfully lacking all across this country, but realistically in the face of the immense problems which we face, the whole effective array of preventive services assumes a radical revision of prevailing social philosophy, and State legislators at least are not ready to accept that radical revision.

Thus, with so precarious an assumption, we believe it ill-advised to undermine the foster care system which is already in place.

The study which we allude to in our report indicates that in the next 10 years there will be more foster care facilities needed, even with an array of preventive services in place.

Therefore, we feel it unjustified to weaken and diminish the present foster care system on the basis that preventive services overnight will replace it.

The facts appear to be that children in foster care do need such care.

Foster care populations will not decrease in the next 10 years, but will increase. Children in foster care will present more serious emotional and behaviorial disturbances, and the foster care system must be supported and strengthened to meet the challenge of the next decade.

So I must stress again, however much we may support the search of this Congress and the various State groups for the development of a strong network of preventive services—and we believe wholeheartedly in such development—we are aware that there are numerous and weighty questions of social philosophy and national understanding that must be resolved before a proper network of preventive service ever will eliminate the need for foster care.

Our great fear is that the foster care system will be allowed to atrophy before a preventive system is in place, experienced, and proving the assumptions upon which it is to be built.

Any system that assumes too quickly that preventive services are in place and achieving its goals is also in danger of disassembling a foster care system that generations of our children will still, unfortunately, need.

We believe that we should present here probably two recommendations.

One is that any legislation concerning children and families in this country contain a family impact statement which will present to the legislatures and to the public the concern of individuals for the impact of any legislation affecting family life in America.

We see in the field of ecology that impact statements have been vital to this Congress. We think it no less vital that such concern be given to children and parents in the United States.

We believe also that any legislation which you undertake must realize that some children in care should not be in care, and that many in need of substitute care are adoptable, there should be preventive services; there should be a national adoption exchange, and there should be a national subsidy of adoptive children.

At the same time, recognizing the continued need of foster care, such legislation should provide for a foster care system able to serve older, more troubled children whose need for continued placement might be monitored by periodic administrative review.

Quality foster care service, effective scanning of the foster care population, accountability for care through an administrative review procedure, and efforts to free and to place adoptable children are highly expensive services.

Legislation mandating these needed foster care services must include the requisite fiscal appropriations enabling the foster care agencies I represent to add such services, while improving the residential care they have so successfully provided for so many years.

Thank you.

Representative HALL. Thank you, Dr. Morrison.

I think you made reference earlier to the Bernstein study that would be available next week.

Dr. **Morrison**. The final report will be available next Tuesday.

Representative **Hall**. Would it be within the realm of possibility for the committee to be given a copy of this?

Dr. **Morrison**. I will see that you get that.

Representative **Hall**. Very good.

[The material referred to and subsequently received for the record, follows:]

AN OVERVIEW OF FOSTER CARE IN THE UNITED STATES

Testimony on behalf of the
NATIONAL ASSOCIATION OF HOMES FOR CHILDREN

in a

Joint Hearing

of the

Senate Sub-Committee

on

Children and Youth

and the

House Select Sub-Committee

on

Education

by

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December 1975

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paper.

Honored Gentlemen:

My name is Ian Morrison and although I am President and Chief Executive Officer of a New York multi-function children's agency I appear before you as Chairman of the Public Affairs Committee of the National Association of Homes for Children, a recently formed organization of those non-profit organizations across this country which provide a variety of services to children (usually under 18) normally classified under the generic term "foster care" - meaning 24 hour residential care away from home. These services on a national basis most generally include institutional care, involving groups of 26 to 200 children living at a single facility, or campus; but increasingly in many parts of the country the terminology also includes group homes and residences which house between 8 and 25 children in small community based housing arrangements; and, of course, foster family (boarding) homes which may accommodate 2 or 3 children per foster family.

For purposes of simplicity I shall henceforth refer to these organizations as "children's agencies" or "voluntary child care agencies" regardless of the specific function or multi-functions they may perform, for if there is one characteristic typical of the foster-care system, other than the care of children, it is heterogeneity.

In some parts of this country children's agencies provide a wide gamut of services (as does the agency I administer), including institutional care, group home care, foster boarding homes, agency operated boarding homes, day treatment, family service, adoption services, remedial education, and psychiatry; while in other places children's agencies may provide merely one service such as institutional treatment, or group home care, and where the term "foster care" may not be considered generic but merely descriptive of a kind of care that is not "institutional".

The heterogeneity of the agencies I here represent today can be further dramatised by the incredible variety of ways in which agencies finance their services, the ways in which children are referred to children's agencies throughout the nation, the labyrinth of varying regulations under which they operate from locale to locale, the vastly different standards of program accountability demanded of them from state to state, and even from city to city, and the Pandora's box of affiliations they may have with religious denominations and sects, lay boards, Sheriff's organizations, hospitals, foundations and so on.

It is probably safe to say that the largest numbers of children's agencies originated under religious auspices and that many, but by no means all, continue to operate today in uneasy and tenuous relationship with their sectarian past while treading the very narrow, dangerous road of balancing religious denominations and government funds in a unique but, we believe, effective relationship which is perhaps more akin to international detente rather than settled partnership.

Since children are universal, everyone considers himself an expert on how others should care for them. Judging by the number of publications on child care that spew from this nation's presses each year, the books, if bricks, could create another Pentagon dedicated to that universality. One analysis issued in the past year entitled, "The Voluntary Child Care System in New York: Sectoral Trends and Agency Operations"(1) prepared by Professor Dennis Young and Stephen Finch of the State University of New York at Stony Brook is most worthy of quotation since it is one of the few academically disciplined insights to the highly complex and socially sophisticated voluntary child care system that serves 28,000 children from the City of New York each year. Professor Young's analysis concludes:

> "If there is one clear implication of the analysis contained in this report it is that "voluntary child care agencies" cannot be accurately described in terms of a single stereotype, nor can their performance be uniformly characterized. General indictment or sanction of the concept of delivering child care services through voluntary agencies is not meaningful. One needs to look deeper into the nuances of alternative modes of voluntary operation and into the reasons why different segments of the voluntary section behave differently. One reason why voluntary (foster care) system operation encounters problems is that public policy fails to take account of voluntary sector heterogeneity."(2)

A close examination of that heterogeneity on a national basis defies description in the limitations of this testimony. In his analysis of children's agencies in merely the New York City area, Professor Young chose to study intensively nine agencies as exemplifying patterns and trends characterizing the voluntary child care sector and found complex differences among the sample of nine. The nine differed in history, charters, financing, fund-raising, education, governance and clientele.

Dr. Young found however that despite a heterogeneous mix of different outlooks, the agencies while having roots in the church or social work traditions, their future is being shaped by professionalism and modern managerial.methods, and needs of the community.

The Young study attempted to stereotype the objects of the study rather than provide literal descriptions of any particular agency. While an inevitable fluidity among the models is to be expected and while agencies transform from one type to another over the course of time, such fluidity and transformation is beneficial and adaptive to needs. His classifications of non-profit foster care agencies is:(3)

1. Traditional/Independent (TI) - small, stable, self-satisfied. Emphasis on maintaining or improving the quality of the current program. Satisfaction is based on autonomy, pride in program quality, service to a traditional clientele.
2. Traditional/System-Oriented (TS) - semiautonomous with a strong obligation to respond to the mandate of a parent organization. Agency needs are subservient to system needs and at the system level emphasis is on responding to new needs because the pressure to accommodate is much greater on the system level. Quality is held to standards by the traditional elements of social work and church tradition.
3. Modern Managerial (MM) - adoption, in a non-profit organization, of a modern business outlook with emphasis on professional management, economics of scale, management information systems, aggressive fund-raising. Such agencies view the traditional agency as too small (and numerous) and single purpose, so emphasis is placed on spreading costly management talent through program expansion, mergers and differentiation of program offerings. While professional talent labors in proper ratios to clients in various programs, administration is organized to consolidate functions such as record-keeping, intake, pur-

chasing, fiscal management and budget control, fund-raising and program coordination. In this way this type of child care agency achieves substantial economics in administration and assurance of accountability while program quality is maintained by professionals disciplined in various fields.

4. Innovative/Elitist (IE) - a few agencies, often caring for difficult or highly disturbed children view themselves at the forefront of methodology and the motivating factors are professional pride (in social work and psychology) and a sense of the social avant-garde. There is emphasis on demonstration programs, research and staff training. These agencies have little interest in expansion, but prefer to leave "production" to other agencies.

Despite the lack of correlating national documentation I nevertheless believe that these models of Young's could safely encompass 90% of the non-profit foster care agencies in America with the largest proportions classified in the first two categories, i.e., traditional/independent and traditional/system-oriented.

Having attempted to explain what I believe to be the broader, but often unrecognized, philosophical concepts that make specific foster care agencies what they may be, I return now to the somewhat more dangerous task of describing the specific elements that characterize the generic term, "foster care".

At a period of time when the general public still tends to think of children's institutions as orphanages which are merely custodial in nature, there is a large segment of the public, including professionals in this field, who tend to believe that the term foster care merely differentiates between residence in an institution and residence in a family home other than the child's own home.

This committee and its staff wisely have eschewed the narrowness of that description and accept the term "foster care" as meaning simply 24 hour residential care away from home. Thus, assuming now your recognition of the heterogeneity of foster care and the limitations such heterogeneity places on preciseness, I review here the various kinds of non-profit foster care of children prevalent today.

1. Children's Institutions: generally of a campus nature, although a number of congregate-type institutions exist. Comparable in many cases to the traditional preparatory boarding school in appearance and, depending largely on geography and stereotypes mentioned earlier, ranging in population from 26 to 200 with some smaller and some larger.

The best of these, and there are many, provide comfortable living in groups of 12 or less, 1 or 2 to a room with children in that living situation cared for by single or married counselors, child-care workers, houseparents, proctors or whatever name is locally fashionable. Some institutions by some means or another manage to staff residences (or cottages) as most institutions staffed twenty or thirty years ago with married couples emulating parents. The advent of federal and state minimum wage laws, wage and hour acts, labor unions, and/or a plethora of modern social life-styles has, however, probably made the couple role the exception rather than the rule.

Institutions also are staffed with graduate social workers, counselors, recreation personnel, specifically skilled teachers, nurses, psychologists, psychiatrists and a host of supporting personnel to maintain facilities, cook, sew, etc.

In general, children's institutions are primarily concerned with focussing multidisciplines on healing and teaching, and this ability to focus multidisciplines quickly, in depth and consistently is their great, and too often overlooked, strength.

The child who enters the foster care system for whatever reason has to be experiencing shock and trauma. He, or she, may be abused, neglected, orphaned, emotionally disturbed, acting out, lost, crippled, handicapped or delinquent but whatever the cause the entry into a system foreign to his earlier life must add trauma.

Within the boundaries of a thoughtfully created institutional therapeutic environment there can be focused quickly and continually the healing social and medical aids which can range from corrective and preventive medicine to guidance, mental hygiene, family counseling and a therapeutically structured life-style.(4)

As the healing process continues the institution then makes it possible to teach that which is needed by individuals if they are to function satisfactorily in this society and it is here that the coordinated talents of a team can be utilized to interweave the designed environment, counseling and casework, interrelated remedial and/or vocational education, meaningful play and planning of the child's future.

Many institutions today also provide other forms of foster care, and even adoptive services, so that the type of care, or the achievement of permanency, can fairly and precisely be tailored to the need of the child.

2. Group Homes: this type of foster care is often the original entry point into the system for a child but it is frequently also an adjunct to an institutional program when the determination of need of a child is long-term care and when the child is capable of living in a community setting.

A group home, situated in a community (urban, suburban, rural) normally accommodates 7 - 12 children and is staffed similarly to a residence in a children's institution and with due regard to laws about wages and hours. Children attend local community schools and the costs of education are borne by local taxpayers or, in some cases, by the parent organization or, in other cases, by the State.

Community resources and local practitioners are utilized for the child and it is felt by many that the child can develop more naturally in the communion of peers afforded by the community than in the "isolation" of an institution.

3. __Group Residences:__ generally located in an urban area and housing 12 - 25 children, often teenagers. Utilized most frequently when the pathology of the child necessitates more intensive use of therapeutic or medical practitioners and thus the economy of scale enables the children to participate in the community while therapy becomes more affordable than would be the case with a smaller number of children.

4. __Foster Family Boarding Care:__ children related or unrelated from 1 to 5 in number are placed in a family setting with foster parents who may or may not have children of their own and who for a board, medical and incidentals fee accept such children to live with them. The predominant number of children in the United States needing care are cared for in this manner. Generally, it is a far more economical kind of care than those mentioned heretofore and it is thought by many to be the best kind of care because, it is believed, it is more naturally akin to a normal family relationship.

Under the best of circumstances it is a most viable form of care. In varying, and sometimes dramatic degrees, it has been less satisfactory for children with pathologies or severe problems, non-whites, handicapped or teenaged children.

5. Agency-operated Boarding Homes: a relatively new phenomenon, created to keep intact sibling groups ranging to eight in number. Developed in the northeast when family foster boarding homes proved insufficient to accommodate large sibling groups and, in particular, non-white sibling groups.

The family type, community based home is often owned or leased by the child care agency (or institution) and a husband and wife installed as foster parents. In some cases the agency leases the home of a couple who wish to care for a sibling group but cannot do so on mere foster boarding care fees.

Within these general categories there are, in various parts of the country, variations that have occurred to meet particular localized needs. Non-secure detention facilities, half-way houses, emergency foster boarding homes, temporary care facilities - the list goes on and on, but they are merely specialized varieties of the basic foster care characteristics.

Debate about the efficacy of each of the forms of care just mentioned continues much as it has for fifty years. The winds of fashion often coincide with the most recent enlightenment of new social theorists and for a span of time one form is considered better than another by the theorists who, too frequently we believe, base their widely publicized thinking on their values rather than on the facts.

Those whom I represent today and who have the benefit of the hardest practicable experience imaginable tend to believe that institutional or campus-type care offers the best rehabilitative results in the shortest time for the lowest net cost. To them, the other forms of foster care allow the tailoring of program to the needs of individual children. Children, like us all, are highly complex individuals and to quickly and inappropriately categorize them at the entry point of care can too readily lead to the stigmatising that makes categories self-fulfilling and leads to foster care treatment decision.

which are not suited to the real needs of the child.(5)

As noted, many children's agencies today encompass all, and more, of the types of foster care enumerated here and, in the northeast in recent years old line foster care agencies struggling to identify their social role more clearly have been dropping the historical name suffixes such as "school", "home", "society", and adopting names that link the limited past to a new era of broad service to children and thus we find foster care agencies bearing names such as Greer Children's Services, St. Christopher's Services for Children, Gould Services for Children, et al.

Within the context of foster care these agencies seem then to find it easier to meet the pressures of the public departments by adding various types of preventive services, family counseling services, day treatment and adoptive services.

The quality of foster care provided by children's agencies appears to vary across the country in direct proportion to two principle factors:

1. The quality of the demands and the monitoring of compliance afforded by whatever standard-setting body a State has established, and secondarily by local standards in health regulations, fire prevention, etc. and,
2. The effectiveness of agency fund-raising, the size of endowments, the size of the fees paid by public sources for the purchase of service or, as is increasingly the case, the effective and fair combination of all three funding factors.

There persists a terrible danger to the quality of care provided by children's agencies because of public attitudes that continue to perceive of foster care as merely custodial, in the orphanage tradition, when in reality children's agencies have become complex human helping sources dealing with complex, and at times, outrageous children's problems, and those of their parents. "Good" child care that breaks chains of despair, treats and cures personality disorders, provides rehabilitative education, teaches preventive medicine and hygiene, rehabilitates family homes and achieves permanency for children who society, in the first instance often tends to discard, is not cheap.

Child care by its very nature is labor intensive and as in any labor intensive human service the greatest cost is salaries and benefits for people.

This brings me to the second major theme of this testimony about foster care in America.

The field of non-profit foster care shares a major problem with many other institutions of American life. During its entire history, when all but a few were looking the other way, it depended upon the benevolence of knowledgeable and compassionate private citizens to provide the money to care for millions of children over the years.

Together with the colleges, hospitals, cultural institutions and others we compose a Third Sector of American life, that is, the sector that channels and transfers voluntary dollars and man hours into benefits for people.(6)

While I believe it evident that the Third Sector is under attack, it is not the province of my testimony to defend the Third Sector. I am confident that the Commission on Private Philanthropy and Public Needs, whose report is due this week, will do that with considerable competence. I wholeheartedly join with its Chairman, Mr. John Filer, in calling for a constructive alliance among units in the public and private sectors; for mutual planning, for thoughtful coordination of diminishing resources, financial and human, to meet constantly increasing needs or desires.(7)

As an integral part of the Third Sector, we are only too aware that the flow of private giving is barely holding its own in absolute dollar amounts and when one discounts for inflation private giving is experiencing a substantial decline. We are aware that the limited pools of private "social capital", represented by foundation portfolios and institutional endowments, are shrinking under the severe slump in stock market prices. We observe that corporate contributions to charity (in the last year for which reliable figures are available) were the lowest share of income before taxes devoted by companies to philanthropic causes since 1959.

Without the availability of some adequate minimum of private support, without the critical percentage of voluntary funds, non-profit groups run the risk of becoming merely compliant arms of the State.(8)

This field of foster care, where young lives are constantly at stake, historically has been quite free of unpredictable shifts in the prevailing political winds. Declining private sources of revenue and the concomitant turn to government funds to substitute carry with them significant hazards. Those of us who now share the public trough are overwhelmed with redundant accountability requirements that can add as much as $4.00 per diem to our costs.

And so, we are betwixt and between. We have served, we have cared, we have built the system, we have used the private dollar but it's drying up. If you wish us to continue we must use your dollar, at least to supplement the private dollar, and I can best translate to you our mixed emotions and fears about that matter by reminding you of the ancient limerick:(9)

There was a young lady from Kent
Who said that she knew what it meant
When men took her to dine
Gave her cocktails and wine
She knew what it meant, but she went.

And so, this non-profit field of foster care is troubled and threatened. The thousands of volunteers who govern the agencies, the tens of thousands of staff who labor on behalf of children are wondering when it may collapse from a lack of sufficient funds, or the pressures of its numerous critics.

It is all too proveable that it is not only public *policy* that ignores the heterogeneity of the non-profit child care system however. In recent years, and for a variety of apparent reasons, but most clearly because of the transfer of public federal and state dollars to aspects of child welfare, the number of critics of the existing foster care system has rapidly increased, but not as rapidly as the frequency of the attacks or the growth in decibels.

Every conceivable sin has been attributed ranging from the neglect of children, to the holding of children as "helpless hostages", "enslaving" them in institutions and foster homes for profit. The attacks are from everywhere: television, state capitols, congressmen, civil libertarian groups, bureaucrats, natural parents, foster parents, adoptive parents. A recent critical article in a widely read national (and international) magazine illustrates the encompassing bias and prejudice about institutional foster care by entitling the article "Oliver Twist, USA". And so we appear as Dickensonian evildoers rather than professional members of the helping field.

And so the past decade of confrontation and antiestablishment politics has not been a propitious time for dispassionate objectivity. Child Welfare is no longer protected from publicity and from the winds of fashionable doctrine, nor should it be judged on the basis of good intentions.(10)

In recent years it would appear that sustained service over many years has become the signal for attack, and child welfare has been thrust into an adversary atmosphere which has been bad for morale, bad for costs since paperwork has been multiplied manifold in the name of accountability, bad for fund-raising since the recipients are publicly and unfairly discredited, and bad for the provision of services because charges, countercharges and scape-goating block the cooperation between public and non-profit and between the consumer and the provider.(11)

It is not the principle purpose of this testimony to provide the joint committee with particular answers to unasked questions. Our purpose as suggested by your staff, is to contribute to an overview of the field of foster care.

Recognizing fully that we have been in a period of great change, change that we might expect to see continued, I believe it necessary to illustrate broadly the plethora of changes absorbed by foster care agencies in recent years and also to attempt to demonstrate the great strengths of a voluntary based 'system' which, unsung, has served this country and its children exceptionally well since early in the last century.

It should be noted here that the use of the term 'system' is used advisedly and for ease of understanding. In reality the non-profit child care agencies were born of local and parochial need and, while many local units, in responding to growing local needs, grew into sophisticated models of treatment resources, there was not until most recent times even a loose confederation of such agencies. If a 'system' is now developing it is merely an urgent response to the penetrating, but consolidating, force of federal law and regulations. The exceptional influence of federal legislation relating to minimum wage laws, unemployment insurance, workers' compensation to name but a few has had as much serious effect on foster care in a tiny children's institution in a remote part of Alaska as it has had in a large well-endowed multi-function children's agency in New York.

The effect often is more galvanizing than specific legislation pertaining to child care and finds agency executives seeking the wisdom and comforting skills not only of their peers but the best lawyers and accountants they can find, or afford.

Aside from the impact of general legislation on the federal, state, and regional level, in the non-profit child care field and the public pressures mentioned earlier, there has been, and continues to be, a full complement of continuing professional challenges.

The challenges to non-profit foster care which cite selected poor examples of care generally select the type of examples that invariably will be present in any large national system of any kind. Such selective attacks carefully overlook the heterogeneity of the system.

When the attackers are also makers of public policy, this lack of appreciation for who we are and what we do creates, too often, we believe, dangerously flawed public policy decisions which virtually invite our stiff resistance and reasoned opposition.(12)

Acknowledging that every part of the Third Sector is challenged by some around us who, believing that every American institution is racist, biased and outmoded should summarily be replaced with some nihilist's dream, the non-profit foster care system in one part of the country has been defending itself in two major civil rights suits since June 1973, and the average cost of defendants, to litigate and/or settle the one known as Wilder vs. Sugarman is estimated by one observer to have run some $115,000 per month or $3,335,000, to date, with no end in sight.

In the view of many, it is a sad commentary on one branch of the social action movement that so-called forces of reform are willing to countenance the functional equivalent of a government takeover of child care services to achieve an abstract set of murky objectives.(13)

Yet another suit by the same "reformers" accuses the same 77 agencies, a state, and a great city, of not acting enthusiastically in the past 15 years to free children of their natural parents in order that they be adopted. Particularly is this so, claim the plaintiffs, when it is a matter of black children, and particularly black teenage children. It may be of interest to note that 90% of the children from New York City in foster care are non-white.

And yet this foster system has handled well one of the great quiet revolutions of mankind, and has done it under the most trying circumstances.

It is the child care agencies in and surrounding our major cities that have provided the care for the thousands of children of our citizens who have, in the past 15 years, exchanged the vanishing labor-dependent agricultural society of the south for the supposed succour of those cities. It is these same agencies who have provided the care for thousands of Spanish speaking children of transplanted Puerto Ricans who sought the storied streets of gold.

These voluntary child care agencies have shared with the public authorities the burdens of assimilation, the chaos of family relocation and the desolation of untrained skills unsuited for the technological job markets of those cities. Sometime, some critics must give credit for our role in breaking the chains of poverty for generations of these children, for helping to form and educate healthy future generations, for relieving the pressures upon the streets.

At the same time one must pause to look at the major contribution of our agencies scattered across the country which in group settings consolidate and focus the preventive and treatment programs which town after town cannot afford or provide for the handful of its citizens' children who need such care.

Sometime the critics will need to review the role of foster agencies in building the strength of this country by caring for the orphans and other children created by wave after wave of immigrants and waves of pioneers, homesteaders, builders pushing West and South.

Despite one hundred and fifty years of human service we acknowledge that what is past is past and any hope for a brighter future in America must make more systematic provision for better inclusion of the helpless, the sick, the poor and the aged.

Despite the critics who would overlook or degrade the accomplishments of history and who would destroy without supplanting, we look to an active and broader role in applying newly found techniques and continuing compassion to the human problems of America.

We fully recognise that the social problems of this nation are what perpetuate the foster care system, and not the other way around as some would imply.

Thoughtful analysts, with an acknowledged bias that children should not be in foster care, seem to believe after study that the system will be more needed tomorrow than it was yesterday or today, albeit in changed form and with "different" children.

The most recent analysis available to us is that prepared under the guidance of Dr. Blanche Bernstein for the New York State Board of Social Welfare entitled Foster Care Needs and Alternatives to Placement.(14)

This thorough and highly acclaimed current analysis of the foster care population in New York City, where there are 28,000 children in the care of non-profit foster care agencies, reveals that a mere seven percent of the children in care could be returned to their own homes. Virtually all of even these children could be returned home only if multiple special services were available to the children and their families. Such a finding is all the more arresting, given the expressed bias of the researchers that children should not be in foster care placement. This is a resounding affirmation of the need for the foster care system. So startling a finding precludes any suggestion that there are "ineligibles" in this sector of the welfare system.

The study further concludes that at least eighty percent, and probably more, of the children in foster care are placed due to parental unwillingness or inability to care for them.

Both findings have the clear implication that an array of services in the community designed to prevent placement cannot be envisioned as a panacea which would obviate the need for a foster care system. There can be no question that preventive services are woefully lacking. But, realistically, in the face of the immense problems which precipitate foster care placement, a truly effective array of preventive services would assume a radical revision of prevailing social philosophy. On so precarious an assumption, we are ill-advised to undermine a foster care system already in place.

It is a system which the Bernstein study concludes needs strengthening and improvement now and in the immediate future. While the study projects a relatively insignificant decrease in the foster care population by 1985, this projection is based on a somewhat optimistic view of the national economy during that period. On the basis of a recent evaluation by Michael Evans of Chase Econometrics and others we might more realistically expect that the state of the national economy over the next decade will exert pressures increasing the foster care population. The study, at any rate, affirms the need now and over the next ten years not for fewer but for more residential child care facilities sufficiently funded to maintain the quality of staff and programs to help an increasingly more difficult foster care population.

With the decrease in the number of younger children in foster care and an increase in the number of older, more disturbed children, adoption appears to become less and less viable as an alternative to substitute care. Fewer and fewer children in foster care will be adoptable, at least in the numbers which would justify weakening and diminishing the present foster care system. Laudable as it is to strive for adoption on the premise that all children are adoptable, it would be shortsighted and disastrous to systematically dismantle, or even to permit the subtle dissolution of the foster care system at the very time when older, more troubled children in even greater numbers will constitute the foster care population. In a prescient recommendation, the 1967 National Conference on Foster Care, noting that foster care had a less positive image than adoption, called for immediate efforts to improve public understanding of foster care.(15)

The foster care field, however, frenetically engaged in meeting the enormous challenge of the last decade, failed to heed the call and to look to this public image, secure in the conviction that it was doing God's work. As a result, today it stands threatened with dissolution just when it faces the period when it will be in greatest need.

The facts, then, appear to be that children in foster care do need such care, that the foster care population will not decrease but rather increase, that children in foster care will present more serious emotional and behaviorial problems and, therefore, that the foster care system must be supported and strengthened to meet the challenge of the next decade. In a classic in the field, Rosemary Dinnage wrote several years ago of the effect of England's national policy of disparaging residential care: "No organization can function well without confidence in its value...".(16) The Bernstein

Report while recommending improvement and changes in the current foster care system appears to affirm its value. The foster care field is needed and in its turn it desperately needs support, both moral and financial.

I must stress again, however: no matter how much we may support the search of this Congress and the various State groups for the development of a strong network of preventive services, and we believe wholeheartedly in such development, we are aware that there are numerous and weighty questions of social philosophy and national understanding that must be resolved before a proper network of preventive services ever will eliminate the need for foster care. Our great fear is that the foster care system will be allowed to atrophy before a preventive system is in place, experienced, and proving the assumptions upon which it is to be built.

Any federal drive that assumes too quickly that preventive services are in place and achieving all its goals is also in danger of disassembling a foster care system that, unfortunately, generations of our children will still need.

The scale of foster care is large. Over 300,000 children in this country receive foster care. Some 50,000 of these are in New York State alone. It is unfortunate that those who have risen to meet this challenge are castigated for creating a "major industry" and for continuing to grow and refine in the face of overwhelming need.(17)

The current New York State Commission on Child Welfare, while appalled that the problems of children should need an "industry" to help resolve those problems, proposes to dissolve foster care forever:(18) "The Commission will propose to terminate its growth, in its present form, and to redirect the (foster care) industry's formidable array of talented and compassionate professionals and others into related spheres of activity of a more beneficial nature."

We have no quarrel with that excellent goal except as it scorns our past and present contributions to the welfare of children, and society, but we see the multitude of different services resulting in an increasing fragmentation of the family.

We have been, I believe, in the forefront of seeking additional federal money on a regular basis for families and children's preventive services but we do believe it also necessary to sound a warning against steadily increasing the kinds and varieties of services when there is insufficient evidence that present new services are effective and meeting stated goals.

Our goals should be services that will help families to help themselves rather than, as one expert declares, "presenting the family with a supermarket variety of different kinds of commodities amongst which they are expected to pick and choose."(19)

We would join with that knowledgeable expert and suggest that a primary focus of federal legislation should be the requirement that all such legislation should have as an integral part a formulation of a family impact statement.(20)

In brief, this would mean that when new legislation or policies are being considered the rationale then should include a presentation of just what the effect on family life would be.(21)

Such a family impact statement would help assure that major consideration had been given to the long-range effects of policies on American life. The guidance offered by such a statement would alleviate some of the concern we now have for the ever increasing tendency to have our lives regulated by administrative law (or the federal register) since many of us do not have the confidence in rules written by the bureaucracy that we have in thoughtful law created by elected representatives. Enabling legislation, particularly when it deals with human relationships, often exits the process too complicated to help humans when the legislation is to be carried out according to rules and regulations established by the secretary of Health, Education and Welfare and when the framers of regulations prove far more unresponsive to reason or challenge than do you who are immediately sensitive to the needs of humans.

As our clients, children and families, are human beings with inviolable rights, so too we, both lawmakers and child welfare professionals, are humans whose limitations can impede rather than advance the goals toward which we work. Legislation enacted in the past on data bases no longer valid and in the context of a now outdated professional orientation has set the parameters within which we in the field must continue to work. You are addressing yourselves to future legislation on the basis of existing data (which is fragmentary on a national level) and in the context of present professional orientation. I urge that such legislation be framed with a recognition that it will establish the parameters within which professionals must work in the future. It is for this reason that I cited the Bernstein Report which, extrapolated to the national level, would seem to indicate that foster care will continue to be a sorely needed service to children and youth during the next decade. The legislation you contemplate, then, cognizant of current opinion that some children in care should not be in care and that many in need of substitute care are adoptable, should provide for preventive in-home services and for facilitating adoption via a national adoption exchange and national subsidy of adopted children. At the same time, recognizing continued need of foster care, such legislation should provide for a foster care system able to serve older, more troubled children whose need for continued placement might be monitored by periodic administrative review. Quality foster care service, effective scanning of the foster care population, accountability for care through an administrative review procedure, and efforts to free and to place adoptable children are highly expansive services. Legislation mandating these needed foster care services must include the requisite fiscal appropriations enabling the foster care agencies I represent to add such services while improving the residential care they have so successfully provided for so many years.

IAM/kcm
11/21/75

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Board of Social Welfare

Foster Care Needs and Alternatives to Placement

A Projection for 1975-1985

STATE OF NEW YORK
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COMMITTEE ON SPECIAL PROBLEMS
OF CHILDREN IN FOSTER CARE
Leonard Block, Chairman

FOSTER CARE NEEDS AND ALTERNATIVES TO PLACEMENT

A PROJECTION FOR 1975-1985

By

Blanche Bernstein
Donald A. Snider
William Meezan

Center for New York City Affairs
New School for Social Research

NEW YORK STATE BOARD OF SOCIAL WELFARE

NOVEMBER 1975

Additional copies of this report, as well as

A Plan for Action, are available for $2 from the:

Research Department
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66 Fifth Avenue
New York, New York 10011

FOREWORD

Vast changes have occurred in the foster care of children in New York City over the last 25 years. The number of children in care has practically doubled; the ethnic distribution has shifted partly as a reflection of the change in the city's population and partly as a reflection of the varying economic fortunes of the city's major ethnic groups; fewer younger children but more older children are in foster placement; and more of the children requiring foster placement exhibit significant behavioral problems or emotional disturbances. Some of these changes were gradual -- the changing ethnic distribution, for example -- some were rapid and occurred only in the last few years -- especially the shift in age composition and, concomitantly, the increase in emotionally disturbed children coming into care. The supply of different types of foster care programs and facilities has also changed but not rapidly enough. As a result, to an increasing degree the type of care offered a particular child has been a function of the spaces which were available rather than the needs of the child. Further, it appeared that many children would not have to be placed in foster care if alternative services were provided to the child and his family in his own home.

Clearly, we needed to know more about how many children require what type of care. The Board of Social Welfare, therefore, initiated this study of foster care needs and alternatives to placement currently and five and ten years hence. The study was undertaken by the Center for New York City Affairs, New School for Social Research, under the direction of Dr. Blanche Bernstein, Director of Research. The study includes estimates of current and projected needs for various types of foster care, estimates of the costs of meeting these needs, and an examination of potential sources of funding from the various levels of government, taking account of current and anticipated legislation, and from voluntary agencies.

The Board's recommendations for meeting these anticipated needs are presented in a companion document, A Plan for Action. Dr. Bernstein and the study staff concur with the contents of this plan, which was developed by the Board of Social Welfare.

The Board wishes to thank those who have contributed funds for the comprehensive study. These include the Foundation for Child Development, the New York Community Trust, the van Ameringen Foundation, the Henry Kaufmann Foundation and a number of individual donors.

New York State Board of Social Welfare
Baldwin Maull, Chairman

Committee on the Special Needs
of Children in Foster Care
Leonard Block, Chairman
Robert F. Katz
Mrs. Richard W. Meyer
Harvey J. Russell, Jr.
Myles V. Whalen, Jr.

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A study of this magnitude must of necessity be a team effort. Further, the project staff must rely heavily on outside cooperation and support.

We greatly appreciate the cooperation of Ms. Carol Parry, Assistant Administrator, Special Services for Children, New York City Human Resources Administration, and members of her staff including Mrs. Harriet Schupf, Director of Community Planning Services; Mr. Emmanuel Fox, Director, Foster Home Division; Mrs. Adolin Dahl, Director, Interagency Relations Program; Ms. Shirley Hardy, Program and Rates Analysis Section; Mr. Albert Maloney, Director, Queens Borough Office; Mr. Jeffrey Feuer, Administrative Director, Bureau of Institutions and Facilities; and Mr. Walter Logan, Deputy Director, Division of Direct Child Care Services. A special word of thanks goes to Mrs. Hanna Grossman, Community Planning Services, who served as liaison between the public agencies and the study staff.

Mr. Steven Hochman, formerly a Research Analyst at the Child Welfare Information System (CWIS), provided invaluable assistance in producing the sample. He and the technical staff at CWIS saved us a tremendous amount of time.

We would also like to thank the administrators and staffs of the major voluntary child care federations who made the necessary arrangements for the reading of case records with the direct care agencies under their aegis. As with the public agencies, the cooperation was outstanding. These people include:

Father Joseph Sullivan, Director of Charities; Mr. Tom DeStefano, Director; and Ms. Catherine Hawkins, Administrative Secretary, Division of Child Care, Catholic Charities, Diocese of Brooklyn.

Monsignor Robert Arpie, Director; Miss Donna Santasiero, Director of Program Development; Miss Helen Morris, Administrative Assistant; Mr. Sal Grillo, Program Consultant, Department of Child Care, Archdiocese of New York.

Mr. Maurice Hunt, Administrative Vice President; Ms. Clara Moore, Director; and Mr. Anthony James, Secretary, Division of Child and Family Welfare, Federation of Protestant Welfare Agencies.

Mr. Jacob Trobe, Executive Vice President; Mr. David Roth, Associate Executive Director; Mr. Arnold Teitelbaum, Controller; and Miss Celia Unterman, Office Manager, Jewish Child Care Association.

Dr. Jerome Goldsmith, Executive Vice President; Miss Rena Schulman, Associate Director; and Miss Joy Stein, Administrative Secretary, Jewish Board of Guardians.

The records of voluntary child care agencies not affiliated with any religious agency, as well as some which are, were read at the agency offices. It is not possible to mention the names of the dozens of administrators and staff who helped the case readers, but we appreciate their cooperation.

The data on children in psychiatric units of hospitals were obtained in interviews with the following administrators and staff: Dr. Abraham Lurie, Director of Social Services, Hillside Hospital; Mr. Stan Paley, Supervising Social Worker, Queens Children's Hospital (Creedmoor); Mrs. Vivian Curtis, Chief Social Worker for Psychiatry, and her staff, Kings County Hospital; Miss Bobba Moody and other staff, Social Services Department, New York State Psychiatric Hospital; Dr. Richard Fineberg, Director, Bronx Children's Psychiatric Hospital (Bronx State); and Dr. Michael Kalogerakis, Director of Adolescent Psychiatry, Bellevue Hospital. We are grateful to them for the useful information which they provided.

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Elsewhere in this report we mention the names of Sister Mary Paul, Director of Social Services, Sisters of the Good Shepherd Residences, and Mr. Abraham Berman, Assistant Director of Research, New York State Department of Labor. They have made extremely important contributions to the study in their roles as consultants. Sister Mary Paul's *Criteria for the Placement of Children and Alternatives to Foster Care* was, of course, the foundation of the case reading. Mr. Berman's population projections provided a framework for the estimates of foster care needs in 1980 and 1985.

Mr. Herbert Alfasso, Director, and Mr. Robert Catalano, Research Analyst, Bureau of Research, New York State Department of Social Services, were most helpful in providing historical data on foster care.

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Finally, we would like to acknowledge the assistance of the staff of the New York State Board of Social Welfare's metropolitan office; they were most helpful in providing information about various foster care programs.

We must also acknowledge the seven outstanding people who served as case readers. We succeeded in coaxing Ms. Jennie Berman, Miss Helen Hallinan and Miss Mildred Wagle out of retirement, and in recruiting Miss Danica Adjemovitch, Ms. Eva Russo, Mrs. Edith Seligson, and Ms. Bobbette Stubbs for the task. Miss Janice Bowen was an able statistical assistant.

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*Dr. Bernstein was appointed Deputy Commissioner, Income Maintenance, N.Y. State Department of Social Services, on August 1, 1975, after the issuance of *A Preliminary Report: Foster Care Needs and Alternatives to Placement* in June 1975. By arrangement with Commissioner Stephen Berger, she was permitted to continue to direct the study to its completion in her former role of Director of Research at the Center for New York City Affairs.

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INTRODUCTION

The basic validity of this report rests on the estimates of the current and projected needs for foster placements and alternatives to placement and on the estimates of the costs of the current and the appropriate patterns of placement. We have, therefore, included in Appendices A and B a detailed account of the methodology employed so that the reader can see how we arrived at the estimates presented. In brief, the methodology for estimating needs was as follows: (1) criteria for foster placement and alternatives to foster care were developed [1] (the summary of these criteria is presented in Appendix C); (2) a random sample of 1,250 case records of children in foster care or at home awaiting placement (about five percent of all children in care) was read by a staff of seven experienced social workers in the child care field and schedules completed which included the case reader's judgment, based on the criteria noted above, as to whether the initial and current placements of the child were appropriate and if not, the type of placement or alternate services which would be appropriate taking account of the child's characteristics and the family situation; (3) rough estimates of the number of children in psychiatric units of the major hospitals in the city having such facilities who needed foster placement or alternative services were obtained in interviews with directors and other social service staff; (4) each probation worker in the Department of Probation filled out a simple schedule for his caseload indicating, on the basis of the study criteria for placement, the number of children needing foster placement or alternative services.

Thus, the estimates of current needs are based on the four groups noted above -- children in placement, children at home awaiting placement, children in the psychiatric services of hospitals in the city, and children on probation. They do not cover all children who go through the courts in the course of a year, a group which needs to be analyzed in a separate study. Nor do the estimates include the approximately 150 New York City children placed in foster care agencies outside the New York City foster care system.

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[1] Criteria for Foster Placement and Alternatives to Foster Care, by Sister Mary Paul, Consultant, has been published as a separate monograph by the New York State Board of Social Welfare.

The projections of the need for foster placement in 1980 and 1985 are based on projections of the population of children under 18 by age and ethnic group and on past and projected trends in the proportion of children requiring foster placement. The projections were developed separately for the four age groups -- under 3, 3-6, 6-12, and 12 years of age and over. The methodology for estimating costs, described in Appendix B, may be summarized as follows:

Since 1974 expenditure data for foster care are not available, it became necessary to use data on actual expenditures for fiscal 1973-74, the per-child per-diem allowable rates for fiscal years 1973-74 and 1974-75, and the days of care provided by selected agencies and programs to develop average per-child per-diem expenditures for maintenance and for Medicaid for each type of care. The estimates of total costs were developed by multiplying the number of children in each type of care -- current, appropriate, or projected -- by the cost of such care. Variations of this approach were used to arrive at the per-child per-diem and the total annual costs of adoption, lifetime care, own home, and "other" placement.

The estimates of expenditures on temporary and long-term foster care and secure detention are based on "hard" data and do not involve extensive limiting assumptions. Own home services are, however, an amalgam, and several assumptions about the form of delivery and the duration of the service have been made. Expenditure data on these services are of variable quality. The expenditures for effecting adoptive placements also involve assumptions about legal and casework costs as well as the extent and level of subsidies; there is empirical support for the choices made, but nonetheless they are assumptions. Lifetime care and "other" placement involve jurisdictional assumptions; the former we assume will occur in facilities of or similar to the Department of Mental Hygiene's Psychiatric Centers, and the latter ("other") would be either in DMH programs or in a secure facility operated by the Division for Youth.

The study staff has sought to determine the public and voluntary expenditures on foster care as well as the total outlay. To do this the public expenditure level was operationally defined as the "allowable" expenditures made for a certain type of care by an agency, that is, those expenditures for which SSC would reimburse the agency. A voluntary agency's contribution represents any money spent over and above the public expenditure.

TRENDS IN FOSTER PLACEMENT, 1950-1974

The upward trend in number of children in foster care over the last 25 years has been continuous, but the major acceleration came in the 1960s with a 40 percent increase between 1960 and 1970. Since then, though the rise has been more modest, it has, nevertheless, equaled 10 percent between 1970 and 1974. Thus, at the end of 1974, a total of 28,600 children in New York City were in foster placement. Though this is a large number, it is only 1.35 percent of all children under 18 years of age.

While the total number of children in foster care has risen, the number of white children in care has declined absolutely -- from 7,660 in 1960 [2] to 5,916 in 1974 -- as well as relatively -- from 41.6 to 20.7 percent. During the same period, the number of black children in care more than doubled and the number of Hispanic children just doubled (Table 1). It is of interest to note, however, that the number of Hispanic children in foster care has been fairly stable since 1971 while the number of black children has continued to rise.

A somewhat different pattern emerges, however, when the number of children in foster care is related to the total number of children in each ethnic group (Table 2). The ratio of white children in foster care is substantially below the ratios for blacks or Hispanics, but it has risen from .50 percent of all white children in 1960 to .54 percent in 1970 and .67 percent in 1973. It would appear that with the dramatic decline in the number of white children in the city from over 1.5 million in 1960 to 1.2 million in 1970 and 1.0 million in 1975, the remaining group includes some hard core of children with problems which lead to foster placement.

Nevertheless, a substantial difference in the ratios of white children in placement compared to black or Hispanic remains, reflecting in substantial measure the greater economic and social pressures on minority families. Recent data on income distribution of families in

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[2] Ethnic data for children in foster care are not available prior to 1960.

TABLE 1

NEW YORK CITY CHILDREN IN FOSTER CARE BY ETHNIC GROUP FOR SELECTED YEARS

	Total	White (Non-Hispanic)		Black & Other		Hispanic	
		No.	Pct.	No.	Pct.	No.	Pct.
1950	14,812	Ethnic group breakdown not available					
1960	18,424	7,660	41.6	7,087	38.5	3,677	19.9
1965	22,021	6,998	31.8	10,013	45.5	5,010	22.7
1970	25,934	6,624	25.5	13,094	50.5	6,216	24.0
1971	27,115	6,373	23.5	14,089	52.0	6,653	24.5
1972	27,900	6,124	21.9	14,693	52.7	7,083	25.4
1973	28,265	6,076	21.5	14,940	52.9	7,249	25.6
1974	28,600	5,916	20.7	15,463	54.1	7,221	25.2

SOURCE: New York City, Department of Social Services, Bureau of Child Welfare

TABLE 2

PERCENTAGE OF NEW YORK CITY CHILDREN UNDER 10 IN FOSTER CARE BY ETHNIC GROUP, 1950-1974

	Total NYC Children			White (Non-Hispanic)			Black and Other			Hispanic		
		In Foster Care			In Foster Care			In Foster Care			In Foster Care	
	Total	No.	Pct.	Total	No.	Pct.	Total	No.	Pct.	Total	No.	Pct.
1950	1,919,200	14,812	.77	1,627,500			205,500			86,200		
1960	2,167,200	18,424	.85	1,525,000	7,660	.50	377,100	7,087	1.88	265,100	3,677	1.38
1965 1/	2,201,050	22,021	1.00	1,381,500	6,998	.51	507,400	10,013	1.97	312,150	5,010	1.61
1970	2,234,900	25,934	1.16	1,238,000	6,624	.54	637,700	13,094	2.05	359,200	6,216	1.73
1973	2,134,000	28,265	1.32	902,000	6,076	.67	739,000	14,940	2.02	493,000	7,249	1.47
1974	2,120,300	28,600	1.35		5,916			15,463			7,221	

SOURCES: Under-10 Population: United States Census Bureau, *Census of Population* (1950, 1960, 1970); Blanche Bernstein and Arley Bondarin, *New York City's Population--1973*, Center for New York City Affairs, New School for Social Research. 1974 population derived from projections prepared for this study.

Foster Care: New York City, Department of Social Services, Bureau of Child Welfare.

1/ The under-10 population for 1965 was estimated by adding each ethnic group total for 1960 and 1970 and dividing by 2. The resulting means were then added together to obtain the estimated under-10 population for 1965.

New York City indicate that the median white family had an income of $12,411 compared to $7,464 and $7,107 for the black and Hispanic family, respectively.3/ Further, the proportion of female-headed families among the white population (16.4%) is far below the level among black families (41%) or Hispanic families (26.5%).4/

The percent of black children in foster placement rose from 1.88 in 1960 to a peak of 2.05 in 1970 and has since declined slightly to 2.02 percent in 1973. Similarly, the percent of Hispanic children in care jumped from 1.38 in 1960 to 1.73 in 1970; by 1973, however, a marked decline to 1.47 percent occurred.

Dramatic changes may be noted in the age description of children in foster care -- a sharp decline since 1971 in the number of children under six years of age and a sharp rise in the number 12 years old or over (Table 3). These trends derive from two separate sources. The legalization of abortion in New York in 1971 was followed by a drop in the under-three years of age group in foster care from a peak of 4,260 children in 1970 to 2,822 in 1974. Two years later, the impact could be noted in the 3-6 year old group, which declined from the 1972 peak of 4,334 to 3,193 in 1974. In contrast, the number of children in foster care who are 12 years of age or older has risen year by year since 1960 from 5,585 to 12,021. These are mainly children who either have been in foster care for a number of years or who came into foster care because of behavioral problems including delinquency, truancy, or emotional disturbance. As these figures are translated into the proportion of each age group in foster care, it becomes apparent that after a substantial rise for all groups during the 1960s, the trends have varied markedly from 1970 to 1974 -- the proportion of all children under three years of age in foster care has dropped considerably from 1.16 to .82 percent; the 3-6 year group has dropped only slightly, from 1.09 to 1.05 percent; the 6-12 year group has risen substantially from 1.22 to 1.46 percent, and the proportion of children 12 years old or over in foster care has shot up from 1.14 to 1.63 percent.5/ These trends are an augury for the future.

3/ Blanche Bernstein and Arley Bondarin, New York City's Population -- 1973, Center for New York City Affairs, New School for Social Research, 1974, pp. 35-37.

4/ Blanche Bernstein and William Meezan, The Impact of Welfare on Family Stability, Center for New York City Affairs, New School for Social Research, 1975, pp. 11-13.

5/ See Appendix on methodology.

TABLE 3

NEW YORK CITY CHILDREN IN FOSTER CARE BY AGE, 1950-1974 1/

Year	Total	Under 3		3-6		6-12		12 & over	
		No.	Pct	No.	Pct.	No.	Pct	No.	Pct.
1950	14,812	2/	3/						
1960	18,424	2,364	12.8	3,317	18.0	7,158	38.9	5,585	30.3
1965	22,021	3,678	16.7	3,435	15.6	8,313	37.8	6,595	29.9
1970	25,934	4,260	16.4	4,101	15.8	9,235	35.6	8,338	32.2
1971	27,115	4,138	15.3	4,202	15.5	9,601	35.4	9,174	33.8
1972	27,900	3,683	13.2	4,334	15.5	9,682	34.7	10,201	36.6
1973	28,265	3,003	10.6	3,966	14.0	9,848	34.9	11,448	40.5
1974	28,600	2,822	9.9	3,693	12.9	10,064	35.2	12,021	42.1

1/ Source: Foster Care Statistics, New York City, Department of Social Services, Bureau of Child Welfare.

2/ Age breakdowns not available.

3/ The under-3 population was obtained by adding 20% of the 2-6 population shown in the Bureau of Child Welfare figures to the under-2 population. The 3-6 population is 80% of the 2-6 figure shown by BCW.

THE PATTERN OF CURRENT PLACEMENTS

From the study of the case records of children in or awaiting placement, it has been possible to determine the type of placement the children are in, the primary reason for placement, and the behavior patterns of the children and to analyze these data by age, ethnic group, and religion.[6]

About 45 percent of children in care are in long-term foster homes, another 15 percent are in foster homes with the prospect of adoption, 13 percent are in general institutions, seven percent in group homes or residences, and four percent in residential treatment centers.

The ethnic variations are not as great as one might have anticipated. The major difference is that 21 percent of Hispanic children are in general institutions, a much higher proportion than prevails among black or white children, and 40 percent are in foster homes, a somewhat lower proportion than in the other ethnic groups, and this difference may, in part, reflect certain cultural preferences.

It is with respect to the residential treatment center that one may note significant ethnic variations in the pattern of placements. Almost nine percent of white foster children are in residential treatment centers (type A) for disturbed children [7] compared to two percent of black and less than one percent of Hispanic children. Similarly, 2.4 percent of white foster children are in type B residential treatment centers for highly disturbed children compared to 0.4 and 0.6 percent of black and Hispanic children, respectively. As we shall see in the subsequent analysis of the appropriate type of placement for the children in care, the shortage of residential treatment facilities is acute. It is this fact which probably explains another ethnic variation apparent in Table 4, that is, 4.3 percent of white children are at home awaiting placement compared to 2.6 and 2.9 percent of black and Hispanic children, respectively; a significant number of the white children are likely to require placement in residential treatment centers which, as indicated, are in acutely short supply.

6/ Tables showing both the actual and preferred placements by these groupings are juxtaposed in special statistical appendices, beginning on page 113. These appendices also show the primary reasons for placement by sex, and the total time in placement of children placed for different reasons.

7/ A fuller description can be obtained from the Glossary of Types of Foster Care Facilities and Programs in Appendix A.

TABLE 4

PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY TYPE OF PLACEMENT AND BY ETHNIC GROUP, DECEMBER 1974

Current Placement	Total	White (non-Hispanic	Black & Other	Hispanic
Temporary foster homes	3.6	4.7	3.4	3.2
Temporary group care 1/	1.3	1.2	1.3	1.3
Foster homes 2/	45.3	42.1	49.1	39.7
Group living 3/	7.0	8.3	6.2	7.7
General institutions	13.3	8.7	11.4	21.2
Residential treatment centers, Type A	3.0	8.7	1.9	.6
Residential treatment centers, Type B	.9	2.4	.4	.6
Institutions for the retarded	.9	3.9	.1	--
Foster homes, prospective adoptive	15.4	11.8	17.0	15.1
At home on suspended payment	4.8	3.5	4.5	6.4
Awaiting placement	3.0	4.3	2.6	2.9
Other	1.5	.4	2.1	1.3
Total - Percent	100.0	100.0	100.0	100.0
Total number 4/	29,726	6,045	16,279	7,402

1/ Includes temporary group homes, temporary group residences or diagnostic centers, and temporary institutions.

2/ Includes agency-operated boarding homes.

3/ Includes group homes and group residences.

4/ Does not include youngsters and babies in maternity shelters.

REASONS FOR PLACEMENT

It is the problems of parents rather than the problems of the children which cause the vast majority of foster placements -- almost 80 percent of the total (Table 5). Two types of parental problems stand out as the primary reason for foster placement -- parental unwillingness to care for the child and emotional or behavioral problems afflicting the parent. It should be noted, however, that the parents frequently have multiple problems. Thus, although drug addiction or alcoholism accounts for 2.5 percent of the primary reasons for placement, about 20 to 25 percent of the parents are addicted or alcoholic. While we have classified these problems as those of parents, they may reflect low income status, recent migration to the city, and/or effects of discrimination.

Problems inherent in the child, mainly emotional or behavioral, are primarily responsible for the placement of 14 percent of the children in care and, as with the parents, multiple problems are common.

As has been true for several decades, the data indicate that relatively few -- only three percent -- of children in placement are there because of the death of both parents and the absence of other relatives able to care for them.

Analysis of the current primary reason for placement by the demographic characteristics of the children in care reveals some interesting, though not unanticipated, findings. Almost one-quarter of the white children are currently in placement because of child-related problems in contrast to only 12 percent of either the Hispanic or black children (Table 6). Almost half of the Jewish children are currently in care because of their own emotional, behavioral, or physical problem, while fewer than 15 percent of either the Catholic group (which is heavily Hispanic) or the Protestant group (which is heavily black) are in placement for such reasons (Table 7).

Children from intact families who are in foster care are more likely to be in care because of their own problems than children from broken families or conjugal unions. Almost two-fifths of the children from intact homes are in care because of child-related problems, as opposed to 16 percent of the children from female-headed households, 24 percent of the children from male-headed homes, and less than 10 percent of those children in the care of another relative or non-relative (Table 8).

TABLE 5

PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY PRIMARY REASON FOR CURRENT PLACEMENT

	Percent
No natural home (parents dead and there are no other relatives)	3.1
Parent-Related Problems	78.2
Abuse of child	0.2
Neglect of child	0.7
Parental unwillingness to care for child, including desertion	30.6
Marital conflict of parents	0.4
Emotional or behavioral problem of child-caring person	31.0
Physical illness or death of child-caring person	3.8
Employment of child-caring person	0.3
Financial need and/or inadequate housing	2.5
Drug addiction of one or both parents/alcohol addiction	2.5
Other parent problem	6.4
Parent-Child Conflict	1.5
Child-Related Problems	14.5
Emotional or behavioral problem of child	10.1
Child physically ill or handicapped	0.6
Child retarded	1.2
Child adjudicated PINS	1.4
Child adjudicated juvenile delinquent	0.5
Other child problem	0.8
Unknown	2.6
Total	100.0

TABLE 6
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT REASON FOR PLACEMENT AND ETHNICITY

Current Primary Reason for Placement	Total	Ethnicity White (non-Hispanic)	 Black and Other	 Hispanic
No natural home	3.1	3.1	3.5	2.3
Parental unwillingness to care	31.5	23.6	35.7	28.6
Parent emotional/ behavioral problem	33.9	34.7	32.0	37.3
Other parent problem	12.9	10.6	12.9	14.8
Parent-child conflict	1.4	2.0	1.6	0.6
Child emotional/ behavioral problem	12.0	20.9	9.4	10.3
Other child problem	2.6	3.5	2.6	1.9
Unknown/not applicable	2.6	1.6	2.3	4.2
Total - percent	100.0	100.0	100.0	100.0
Total - number	29,726	6,045	16,279	7,402

TABLE 7
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT REASON FOR PLACEMENT AND RELIGION

Current Primary Reason for Placement	Total	Religion Catholic	 Jewish	 Protestant	 Other
No natural home	3.1	3.0	—	3.8	—
Parental unwillingness to care	31.5	29.0	14.8	36.4	25.7
Parent emotional/ behavioral problem	33.9	35.5	29.5	33.1	25.7
Other parent problem	12.9	14.7	6.6	11.3	17.1
Parent-child conflict	1.4	1.3	1.6	1.6	—
Child emotional/ behavioral problem	12.0	10.7	40.9	9.5	20.0
Other child problem	2.6	2.4	6.6	2.5	2.9
Unknown/not applicable	2.6	3.4	—	1.8	8.6
Total - percent	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	14,209	1,451	13,233	833

TABLE 8
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT REASON FOR PLACEMENT AND FAMILY STATUS

Current Primary Reason for Placement	Total	Intact	Conjugal Family	Female-Headed	Male-Headed	Other Relative	Non-Relative	No Home	Unknown
No natural home	3.1	--	--	--	--	5.2	11.1	16.8	--
Parental unwillingness to care	31.5	17.2	23.4	21.5	35.5	28.4	33.3	27.3	70.8
Parent emotional/ behavioral problem	33.9	26.8	50.0	44.3	27.4	34.5	33.4	30.0	13.4
Other parent problem	12.9	9.0	8.5	11.8	11.3	22.4	11.1	20.5	7.9
Parent-child conflict	1.4	4.5	1.1	2.3	--	--	--	--	0.5
Child emotional/ behavioral problem	12.0	33.6	10.6	13.8	16.1	7.8	--	3.2	4.0
Other child problem	2.6	5.2	3.2	2.5	8.1	1.7	--	1.1	1.4
Unknown/not applicable	2.6	3.7	3.2	3.8	1.6	--	11.1	1.1	2.0
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	3,189	2,237	10,520	1,476	2,761	214	4,522	4,807

Analysis of the current reason for the placement of the child by the age of the child confirms what has been reported elsewhere in the literature.[8] Specifically, the older a child is, the more likely he is to be in placement because of a child-related problem (Table 9). While over one-quarter of the children 12 years old and over are in placement because of their own emotional or behavioral problem, a parent-child conflict or another child-related reason, only eight percent of children between six and 12 and fewer than three percent of the children under six are in placement for such reasons. What is most interesting to note is that even in the oldest age groups more than 70 percent of the children were placed because of parent-related reasons.

Examination of the reason for placement by the total amount of time the child has been in foster care indicates that children who have come into care because of their own behavioral or emotional problems have been in care for less time than children who are in care primarily for parent-related reasons (Table 10). Children who come into care for child-related reasons, however, tend to do so at a later age; therefore, the possibility for being in care for longer periods of time is diminished. It should also be noted, however, that children who enter care for their own behavioral problems are more likely to come from intact families and/or higher income families. Therefore, it is possible that because these children are from better organized families, discharge can take place faster than for children who are in placement because of family disorganization. If this is in fact the case, it argues for an increase in services to the families of the children in care, not only so that so many children would not have to come into care in the first place, but so that children can be returned home sooner.

Cross-tabulation of the data on the type of current placement and the primary reason for placement reveals a pattern which one could largely have anticipated. The vast majority of children in foster homes, group homes and residences, and general institutions are in placement because of their parents' problems (Table 11). In contrast, most children in residential treatment centers or institutions for the retarded need placement because of their own behavior or emotional state although, of course, it must be recognized that their behavior may reflect their parents' problems. What might not have been anticipated, however, is that the primary reason for placement of as many as 19 percent of the children in residential treatment, type A, is parental unwillingness to care for their child.

8/ Such as Shirley Jenkins and Mignon Sauber, Paths to Child Placement (New York: Community Council of Greater New York, 1966), p. 135.

TABLE 9
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT REASON FOR PLACEMENT AND AGE

Current Primary Reason for Placement	Total	Age				
		Less than 3 years	3-6 years	6-12 years	12-18 years	18 Years and over
No natural home	3.1	--	1.8	3.0	4.0	5.2
Parental unwillingness to care	31.5	32.3	34.0	34.8	28.8	22.4
Parent emotional/ behavioral problem	33.9	49.4	41.8	36.0	26.9	31.0
Other parent problem	12.9	11.8	15.2	14.5	11.1	12.1
Parent-child conflict	1.4	--	--	0.2	2.6	6.9
Child emotional/ behavioral problem	12.0	--	1.8	6.1	21.6	17.2
Other child problem	2.6	2.2	1.8	1.9	3.4	5.2
Unknown/not applicable	2.6	4.3	3.6	3.5	1.6	--
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	2,213	3,927	10,210	11,996	1,380

TABLE 10

PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT REASON FOR PLACEMENT AND TOTAL TIME IN FOSTER CARE

		Years in Care						
Current Primary Reason for Placement	Total	Less than 1 year	1-2 years	2-3 years	3-5 years	5-10 years	10 years or more	Unknown
No natural home	3.1	0.6	2.9	2.4	3.5	3.2	6.0	--
Parental unwillingness to care	31.5	20.5	22.6	26.0	28.5	41.7	39.1	22.2
Parent emotional/ behavioral problem	33.9	36.8	33.6	32.3	40.0	35.9	29.4	19.4
Other parent problem	12.9	12.6	15.3	15.7	15.5	9.6	11.5	15.3
Parent-child conflict	1.4	1.2	0.7	2.4	0.5	0.3	3.4	2.8
Child emotional/ behavioral problem	12.0	21.1	19.0	16.5	7.0	5.5	6.4	29.2
Other child problem	2.6	1.8	2.2	0.8	3.0	2.5	2.5	8.3
Unknown/not applicable	2.6	5.4	3.7	3.9	2.0	1.3	1.7	2.8
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	3,951	3,261	3,023	4,760	7,425	5,593	1,714

TABLE 11

PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN EACH TYPE OF FOSTER CARE BY PRIMARY REASON FOR CURRENT PLACEMENT, DECEMBER 1974

Current Placement	Total	Not Applicable/ Unknown	No Natural Home	Parent Problems	Parent-Child Conflict	Child Problems
Temporary foster home	1,071	4.4	--	86.7	6.7	2.2
Temporary group care 1/	381	--	--	43.8	--	56.2
Foster home 2/	13,470	2.1	3.7	89.8	1.1	3.3
Group living 3/	2,071	2.3	3.4	71.3	4.6	18.4
General institution	3,951	4.8	3.0	66.3	3.0	22.9
Res. treatment type A	881	2.7	--	18.9	--	78.4
Res. treatment type B	262	--	--	9.1	--	90.9
Inst. for retarded	262	--	--	18.2	--	81.8
Fos. Home, Pros. Adopt.	4,593	--	4.7	92.7	--	2.6
Home, Susp. Payment	1,428	13.3	1.7	61.7	--	23.3
Awaiting placement	904	--	--	50.0	--	50.0
Other	452	--	--	31.6	--	68.4
Total	29,726	2.7	3.1	78.7	1.5	14.0

1/ Includes temporary group homes, temporary group residences or diagnostic centers, and temporary institutions.

2/ Includes agency-operated boarding homes.

3/ Includes group homes and group residences.

While the data above indicate that it is generally parent-related reasons that precipitate placement, one cannot overlook the child's behavior as a cause for placement as well as a basis for determining the appropriate placement. Table 12 shows the percentage of children in each type of placement displaying different patterns of behavior -- from normal or near normal through not normal with three or more specific behavior problems. Although the sheer number of problems does not always indicate the severity of disturbance of a particular child, it does provide a useful standard of comparison for the groups in each type of placement. As one would expect, it is the children in foster homes with the prospect of adoption who were most often viewed as normal or near normal (59%) and least often reported as having three or more specific problems (10%). Just over half of the children in temporary foster homes, regular foster homes, and agency-operated boarding homes were reported normal or near normal and only about 20 percent had three or more problems. In contrast, only about six percent of the children in residential treatment (types A and B) were normal or near normal; 9/ and 52 percent displayed three or more specific behavior problems (another 38% were reported as not normal and showing one or two problems). The children in institutions for the retarded provide a similar contrast.

This table also shows that group homes, group residences, and general institutions all provide care for children whose behavior is distributed on the "continuum" from normal or near normal to not normal with three or more specific problems. This is an important finding which we have taken into account in our judgment about the inappropriateness of general institutions. The issue is discussed in the section which follows but it may be noted here that many, in fact most, of the children in general institutions should be placed in less restrictive types of care, notably the 28 percent who are normal or near normal. On the other hand, many of those classified as not normal with three or more problems require residential treatment services. In terms of prospective needs it is important to point out that 56 percent of the children in temporary group care and half of the children at home awaiting placement were not normal and displayed three or more specific behavioral problems.

9/ This classification of normal or near normal behavior was based on reports of persons other than a psychiatrist or psychologist; some of these children, however, were also formally diagnosed as disturbed by a psychiatrist or psychologist.

TABLE 12
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY PRESENT/MOST RECENT BEHAVIOR BY CURRENT ACTUAL PLACEMENT

Current Actual Placement	Total No.	Total Pct.	Behavior Reported No report	 Normal or near normal	 Normal 1 or more problems	 Not normal 1 or 2 problems	 Not normal 3 or more problems
Temporary foster home	1,071	100.0	15.6	51.1	11.1	2.2	20.0
Temporary group care	381	100.0	--	12.5	12.5	18.7	56.3
Foster home/agency-operated boarding home	13,470	100.0	1.2	50.2	14.5	13.2	20.9
Group home	1,571	100.0	--	27.3	22.7	15.1	34.9
Group residence	500	100.0	4.7	28.6	14.3	9.5	42.9
General institution	3,951	100.0	4.2	27.7	12.6	17.5	38.0
Residential treatment, types A and B	1,143	100.0	2.1	6.2	2.1	37.5	52.1
Institution for the retarded	262	100.0	--	9.1	--	18.2	72.7
Foster home, prospective adoptive	4,593	100.0	2.6	59.1	9.8	18.1	10.4
At home, suspended payment	1,428	100.0	6.7	45.0	15.0	15.0	18.3
Secure detention/other	452	100.0	15.8	5.3	--	5.3	73.6
Awaiting placement	904	100.0	21.0	15.8	--	13.2	50.0
Total	29,726	100.0	3.4	42.5	12.6	15.2	26.3

ARE THE CHILDREN APPROPRIATELY PLACED?

On the basis of the criteria for placement and alternatives to foster care developed for the study, the case readers made a judgment as to whether the initial placement of the child, whenever that occurred, was appropriate, and whether the current placement, as of October 1974, was appropriate. Before presenting the conclusions obtained, it is necessary to make some comment about the general institutions which currently care for almost 4,000 children.

According to our criteria, the general institutions are never appropriate for the foster placement of children because they care for a most heterogeneous group of children, many of them normal or near normal children who would be more appropriately served in foster homes or group homes or residences, and many so seriously disturbed that they should be in residential treatment or other closed settings. Nevertheless, due credit must be given to those voluntary agencies operating general institutions which, in response to the urging of SSC and the State Board of Social Welfare, have made special efforts to take the "difficult to place" adolescent and, indeed, are providing about 300 of these children with the equivalent of residential treatment services. These efforts must be applauded, for even though according to our criteria they are not appropriately placed, these children are most often better off than if they were still awaiting placement in temporary shelters or at home.

With this caveat, the answer to the question -- was the child in the preferred placement at the beginning of the current cycle -- is:

	Percent
Yes	42.3
No	55.3
Record unclear	2.4
Total	100.0

The answer to the question -- is the child currently in the preferred placement -- is:

	Percent
Yes	55.7
No	42.8
Record unclear	1.5
Total	100.0

The answers reflect a grim picture. More than half were inappropriately placed initially and while some improvement has occurred, more than two-fifths of the children are currently inappropriately placed. 10/ The slight improvement over the course of time between the initial and current placements derives from two sources: one is that during the last five years, some new group homes and residences have been created and some new residential treatment facilities have been developed, permitting more children to be put in the preferred placement; and second, some children are moved from an initial inappropriate placement to a preferred one. It must also be said, however, that the initial placement sometimes becomes a self-fulfilling prophecy: a child inappropriately placed initially sometimes changes to the point where the placement becomes appropriate. For example, the case reader may have judged that a child was no longer adoptable or that it would not be sensible to move an older child from a foster home even though a group home or residence might better prepare him or her for independent living.

The picture is even grimmer for the older child. Just over half of the children 12 to 18 years of age are currently inappropriately placed (Table 13). In contrast, 28 percent of the children under three and 38 percent of the 3-9 year olds are not in the preferred placement.

The high proportion -- 69 percent -- of young people 18 years of age or over who are appropriately placed appears an anomaly. It results from the fact that most children are discharged from foster care at age 18 unless they are going to college, or need special vocational training, or are highly disturbed. If they are not discharged, they are likely to be in the appropriate setting.

10/ Comments received on the preliminary report on this study, which contained these same figures, raised some questions as to whether we had misclassified some institutions as general institutions instead of residential treatment centers and therefore overestimated the proportion of children initially and currently inappropriately placed. Discussions with staff of the appropriate voluntary agencies and State Board of Social Welfare led to the reclassification of three institutions and these changes are reflected in the listings in Appendix A. However, the number of children involved was so small that it was not deemed necessary to change these figures in the tables.

TABLE 13
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN CURRENTLY IN PLACEMENT BY WHETHER THE TYPE OF PLACEMENT IS APPROPRIATE BY AGE, RELIGION, AND ETHNIC GROUP, DECEMBER 1974

Current Placement Appropriate	Total	Age						
		0-3	3-6	6-9	9-12	12-15	15-18	18 +
Yes	55.7	72.0	62.4	61.9	54.1	48.1	46.2	69.0
No	42.8	28.0	37.6	37.6	43.8	50.4	50.8	27.6
Unclear	1.5	--	--	0.5	2.1	1.5	3.0	3.4
Total No.	29,726	2,213	3,927	4,617	5,593	6,379	5,617	1,380

	Religion				
	Total	Catholic	Jewish	Protestant	Other
Yes	55.7	58.5	77.0	51.1	42.8
No	42.8	40.7	19.7	47.3	48.6
Unclear	1.5	0.8	3.3	1.6	8.6
Total No.	29,726	14,209	1,451	13,233	833

	Ethnic Group			
	Total	White (Non-Hispanic)	Black and Other	Hispanic
Yes	55.7	69.3	51.9	52.7
No	42.8	29.5	46.1	46.6
Unclear	1.5	1.2	2.0	0.7
Total No.	29,726	6,045	16,279	7,402

Among the Catholic and Protestant groups, which comprise over 92 percent of all children in or awaiting placement, about 41 and 47 percent respectively are inappropriately placed. In the Jewish group, which includes just under five percent of all children in care, about 20 percent were inappropriately placed.[11]

In terms of ethnic groups, just over 46 percent of the black and Hispanic children are inappropriately placed compared to about 30 percent of the white children. These differences are related to a problem of acute shortages of certain types of facilities, as will become evident in the further analysis.

Child welfare workers charged with finding placements for foster children know how hard it is to find the appropriate placement for a child who exhibits difficult behavior. Table 14 illustrates the magnitude of the problem; two-thirds of the children viewed as normal or near normal were placed appropriately compared to about 57 percent of the children regarded as either near normal with some problem or not normal with one or two problems. In contrast, only 39.5 percent of the children judged as not normal and with three or more specific problems were in the preferred placement.

Table 15 is a cross-tabulation of the current actual placement of each child by the preferred placement. The data indicate that in all types of programs and facilities, some of the children are inappropriately placed but the proportion varies widely by type of program. The highest ratios of appropriate placements are found in the institutions for the retarded and in foster homes with prospects for adoption — 91 and 86 percent respectively. The second highest ratios of appropriate placement are found in the residential treatment centers -- about 75 percent, followed by the group living arrangements and foster homes -- about 65 percent. About 22 percent of the children in foster homes, however, should have been placed for adoption. In terms of the criteria for placement, none of the children in general institutions are appropriately placed -- if they are normal or near normal in behavior they should be at home (21%) or in smaller group homes or residences (30%) or foster homes (18%); if they are emotionally disturbed, as 22 percent of them are, they should be in residential treatment. It is also important to note that almost two-fifths of the children at home on suspended payment should not be at home. Actually many are AWOL and others have been sent home only because they were difficult or unmanageable.

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[11] The lower proportion of Jewish children inappropriately placed may reflect the fact that the total number of children involved is much smaller than in the other religious groups, and possibly as a result of this the Jewish agencies were able to devote more of their resources to residential treatment centers as well as to group homes and residences.

TABLE 14
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY PRESENT/MOST RECENT BEHAVIOR AND BY WHETHER THE PLACEMENT WAS PREFERRED

		Behavior Reported				
Is the Current Placement Preferred?	Total	No report	Normal or near normal	Normal 1 or more problems	Not normal 1 or 2 problems	Not normal 3 or more problems
Yes	55.7	34.9	66.3	56.7	58.2	39.5
No	42.8	55.8	32.9	42.0	39.2	59.3
Record unclear	1.5	9.3	0.8	1.3	2.6	1.2
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	1,023	12,638	3,737	4,498	7,830

TABLE 15

PERCENT DISTRIBUTION OF CHILDREN IN PLACEMENT OR AWAITING PLACEMENT BY CURRENT ACTUAL PLACEMENT BY CURRENT APPROPRIATE PLACEMENT

(Underscored percentages represent children appropriately placed in the particular type of care.)

Current Appropriate	Total	Current Actual Temp. Foster Home	Temp. Group Care 1/	Foster Home/ AOBH	Group 2/ Living	General Inst.	RTC Type A	RTC Type B	Inst. for Retarded	Fos. H. Pros. Adopt.	Home Susp. Pymt.	Secure Det./ Other	Await Plcmt.
Own home	7.5	6.6	12.5	6.0	8.0	21.1	8.1	9.1	--	0.5	1.7	5.3	15.8
Temporary foster home	2.9	60.0	--	0.7	--	1.2	--	--	--	0.5	1.7	--	2.6
Temporary group care	2.0	6.7	25.0	0.3	1.2	6.0	--	--	--	--	1.7	10.5	5.3
Foster home/AOBH	34.1	17.8	--	64.7	8.0	18.1	--	--	--	2.6	3.3	--	21.0
Group home	7.7	--	--	0.9	49.4	22.9	2.7	--	9.1	0.5	8.3	--	5.3
Group residence	2.8	2.2	--	1.1	16.1	6.6	2.7	--	--	--	3.3	--	--
Residential treatment type A	7.6	2.2	43.7	2.5	9.2	15.7	75.7	--	--	0.5	1.7	21.1	13.2
Residential treatment type B	3.4	--	6.3	0.9	4.6	6.6	10.8	72.7	--	--	1.7	10.5	18.4
Institution for retarded	1.4	--	6.3	0.3	--	--	--	--	90.9	--	--	--	10.5
Foster home, pros. adoptive	13.3	--	--	--	--	--	--	--	--	86.1	--	--	--
At home, suspended payment	3.0	--	--	--	--	--	--	--	--	--	61.6	--	--
Adoption	12.3	4.5	6.3	21.9	2.3	1.2	--	--	--	8.8	8.3	--	2.6
Lifetime care	0.5	--	--	0.5	--	--	--	9.1	--	0.5	1.7	--	--
Other/record unclear	1.5	--	--	0.2	1.2	0.6	--	9.1	--	--	5.0	52.6	5.3
Total - Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total - Number	29,726	1,071	381	13,470	2,071	3,951 3/	881	262	262	4,593	1,428	452	904

1/ Includes temporary group homes, temporary group residences or diagnostic centers, and temporary institutions.

2/ Includes group homes and group residences.

3/ According to estimates of the case readers and the staffs of voluntary agencies and the metropolitan office of the State Board of Social Welfare, approximately 300 children in these institutions were receiving services the equivalent of residential treatment.

THE PREFERRED PLACEMENT PATTERN

As of the end of 1974 or early 1975, approximately 28,800 children were in foster care programs including 2,450 in temporary placement and 190 in secure detention. An additional 905 children were at home awaiting placement; that is, a decision had already been made by Special Services for Children that the child should be placed in foster care. Just over 1,400 children are in the psychiatric units of hospitals during the course of a year and about 1,900 children are on probation and some of these two groups of children should be in foster care.

Should all of these 33,000 children be in placement and, if so, what types of placement should they be in? If placement is not appropriate, what if any services are needed to permit the child to return to his own home? Tables 16 and 17 provide the answers derived from the case reading of the random sample of the records of five percent of children in care or awaiting placement.[12] Tables 18 and 19

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[12] A few comments about some of the items in Table 16 are in order before proceeding to their analysis.

Agency-Operated Boarding Homes - The reason for keeping AOBH separated from Foster Homes is to provide for siblings who cannot be accommodated in foster homes and for children unable to relate to strong parental figures.

Foster Home, Prospective Adoptive - The surplus of 642 children in this category results from the case readers' judgments that these children should already have been placed in adoptive homes. They are included in the count of children for whom the preferred placement is adoption.

At Home/Suspended Payment - The reason for the surplus of 547 children in this category is the fact that some children should not have been sent home at all. They include some of the most difficult children who are shipped home because the agency cannot handle them and cannot find an appropriate placement for them. This group also includes some children who are AWOL from the facility.

Institutions for the Retarded - Only a small portion of all retarded children are cared for by foster care agencies. These are mainly children with I.Q.s of from 36 to 80 whose retardation is generally accompanied by some degree of emotional disturbance. It is generally assumed that these children can be brought to a level of functioning which will permit them to live in the community in due course. Excluded from the estimate of need for 1974 and from the projections

TABLE 16
ACTUAL AND APPROPRIATE PLACEMENT OF NEW YORK CITY CHILDREN CURRENTLY IN FOSTER CARE; SURPLUS AND DEFICIT BY TYPE OF PLACEMENT, DECEMBER 1974

	Children Currently in Placement			
	Actual	Appropriate	Surplus[1]	Deficit[2]
Own home	--	2,094		2,094
Temporary Foster Care				
Foster home	1,071	833	238	
Group home	48	214		166
Group residence	119	333		214
General institution	214	--	214	
Long-Term Foster Care				
Foster home	13,185	9,473	3,712	
Agency-operated boarding home	286	476		190
Group home	1,571	2,237		666
Group residence	500	833		333
General institution	3,951	--	3,951	
Residential treatment type A	881	2,142		1,261
Residential treatment type B	262	857		595
Institution for retarded	262	310		48
Foster home, prospective adoptive	4,593	3,951	642	
At home, suspended payment	1,428	881	547	
Adoption	--	3,641		3,641
Other				
Secure detention	190		190	
Lifetime care	--	143		143
Other/record unclear	262	404		142
Division for Youth	--	--		
Dept. of Mental Hygiene	--	--		
Total Number	28,822	28,822		

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[1] The actual exceeds the appropriate.

[2] The appropriate exceeds the actual.

TABLE 17

ACTUAL AND APPROPRIATE PLACEMENT OF NEW YORK CITY CHILDREN AWAITING FOSTER CARE PLACEMENT; SURPLUS AND DEFICIT OF TYPES OF PLACEMENTS, DECEMBER 1974

	Children Currently Awaiting Placement			
	Actual	Appropriate	Surplus[1/]	Deficit[2/]
Own home	905	143	762	
Temporary Foster Care				
Foster home	--	24		24
Group home	--	--		
Group residence	--	48		48
General institution	--	--		
Long-Term Foster Care				
Foster home	--	190		190
Agency-operated boarding home	--	--		
Group home	--	48		48
Group residence	--	--		
General institution	--	--		
Residential treatment type A	--	119		119
Residential treatment type B	--	166		166
Institution for retarded	--	95		95
Foster home, prospective adoptive	--	--		
At home, suspended payment	--	--		
Adoption	--	24		24
Other				
Secure detention	--	--		
Lifetime care	--	--		
Other/record unclear	--	48		48
Division for Youth	--	--		
Dept. of Mental Hygiene	--	--		
Total Number	905	905		

1/ The actual exceeds the appropriate.

2/ The appropriate exceeds the actual.

provide the approximate estimates obtained in interviews with staff of psychiatric hospitals or from the probation officers' reviews of their caseloads. Each table shows where the children actually are now, where they should be, that is, the appropriate placement, the surplus -- which equals the excess of actual over appropriate placements, and the deficit -- which equals the excess of appropriate over actual placements.

Among the 28,800 children currently in placement (including children in secure detention), 2,094 (7.3%) should be in their own homes and 3,669 (12.6%) should have been placed for adoption; this figure is in addition to the 3,951 children (13.8%) who should be and are in foster homes with the prospect of adoption. The major deficits in facilities for children who need to be in placement are residential treatment (2,750 additional places) and group homes and residences (1,000 additional places). On the other hand, if all the children were appropriately placed, about 3,700 fewer children would be in long-term foster homes.

It should also be noted that among the children currently in foster care are an estimated 145 who suffer from such serious physical handicaps or severe or profound retardation, or brain damage, that they will require lifetime care. They do not belong in the foster care system, as least as it is presently defined, since these children cannot be brought to even a minimum level of functioning, with known methods of treatment, by the time they reach adulthood.

The estimate that only 7.3 percent of the children currently in placement should be in their own homes may come as a surprise to some. It is worth stating, therefore, that the criteria for placement placed

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12/ Cont.

for 1980 and 1985 are the severely or profoundly retarded children (I.Q.s under 35) or other retarded children cared for in state institutions.

Secure Detention - The 190 children listed as actually placed in secure detention are at Spofford, operated by the New York City Department of Social Services. Since Spofford is a general institution which also provides secure detention, it is not an appropriate placement for these children. Some of them, however, do require placement in secure facilities such as are operated by the Division for Youth or the Department of Mental Hygiene.

It should be noted that children at Spofford are not included in the figures published by the New York City Department of Social Services of the number of children in foster care.

TABLE 18

ACTUAL AND APPROPRIATE PLACEMENT OF NEW YORK CITY CHILDREN DISCHARGED FROM PSYCHIATRIC HOSPITALS; SURPLUS AND DEFICIT OF TYPES OF PLACEMENTS, DECEMBER 1974

	Children Discharged from Psychiatric Hospitals			
	Actual	Appropriate	Surplus [1]	Deficit [2]
Own home	806	547	259	
Temporary Foster Care				
Foster home	--	--		
Group home	--	--		
Group residence	--	--		
General institution	--	--		
Long-Term Foster Care				
Foster home	24	88		64
Agency-operated boarding home	--	--		
Group home	64	195		131
Group residence	8	103		95
General institution	56	--	56	
Residential treatment type A	108	205		97
Residential treatment type B	11	202		191
Institution for retarded	6	7		1
Foster home, prospective adoptive	--	--		
At home, suspended payment	--	--		
Adoption	--	--		
Other				
Secure detention	--	--		
Lifetime care	--	--		
Other/record unclear	112		112	
Division for Youth	80	71	9	
Dept. of Mental Hygiene	149	6	143	
Total Number	1,424	1,424		

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[1] The actual exceeds the appropriate.

[2] The appropriate exceeds the actual.

TABLE 19

ACTUAL AND APPROPRIATE PLACEMENT OF NEW YORK CITY CHILDREN CURRENTLY ON PROBATION; SURPLUS AND DEFICIT OF TYPES OF PLACEMENT, DECEMBER 1974

	Children Currently on Probation			
	Actual	Appropriate	Surplus [1]	Deficit [2]
Own home	1,921	1,379	542	
Temporary Foster Care				
Foster home		16		16
Group home		12		12
Group residence		31		31
General institution		--		--
Long-Term Foster Care				
Foster home		10		10
Agency-operated boarding home		2		2
Group home		48		48
Group residence		102		102
General institution		--		--
Residential treatment type A		142		142
Residential treatment type B		60		60
Institution for retarded		6		6
Foster home, prospective adoptive		--		--
At home, suspended payment		--		--
Adoption		4		4
Other				
Secure detention		--		--
Lifetime care		--		--
Other/record unclear		1		1
Division for Youth		89		89
Dept. of Mental Hygiene		19		19
Total Number	1,921	1,921		

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[1] The actual exceeds the appropriate.

[2] The appropriate exceeds the actual.

heavy stress on keeping or returning the child to his home wherever possible, and to the extent that the case readers and study staff had any bias, it was in the same direction. When account was taken, however, of the parents' willingness and ability to care for the child and the child's ability to operate in the community, the proportion who could return home was limited. Nevertheless, almost 2,100 children is a lot of children who should not be in foster care and should be returned home.

It must be stated, however, that almost all — 98 percent — of these 2,100 children and/or their families will require one or more services in the community in order to make the return home possible and stable. About two-fifths of the children and their families will need help from a comprehensive family service center and another two-fifths from a casework agency (Table 20). About 15 percent of the children will require help from a child guidance agency and 22 percent will need alternate schools or special education programs. After-school recreation programs will be useful for about a third of the children.

Among the 905 children at home awaiting placement, some should remain in their own homes (143), but the majority do indeed require placement, mainly in residential treatment, foster homes, or institutions for the retarded.

Among the 1,424 children discharged from psychiatric units of hospitals, 547 should be at home but the remaining 806 require placement, mainly in residential treatment centers, group homes or residences. Currently, almost 150 children who have been discharged mainly from municipal psychiatric hospitals which keep these children for a maximum of 90 days, have been placed in Department of Mental Hygiene facilities. All but a few of them are inappropriately placed; they should be in residential treatment. It may also be noted that at least 80 children have been placed in facilities operated by the Division for Youth.

Among the 1,921 children on probation, about two-thirds should remain at home but 542 require placement including 202 in residential treatment and 150 in group homes and residences. Among the others who should not be at home are 90 youngsters who would be appropriately placed in secure facilities operated by the DFY; 20 of these children should be in DMH facilities.

In Table 21, the data for the four groups of children are added together, and the total surplus or deficit is calculated. It thus

TABLE 20

NEW YORK CITY CHILDREN CURRENTLY IN PLACEMENT OR AWAITING PLACEMENT WHO SHOULD BE IN OWN HOME BY NUMBER AND TYPE OF SERVICES NEEDED, DECEMBER 1974

Number of Services Needed	Number	Percent
None	48	2.2
One	595	26.6
Two	690	30.8
Three or more	904	40.4
Total	2,237	100.0
Type of Services Needed		
Comprehensive family center	928	41.5
Casework agency	1,023	45.7
Child guidance	333	14.9
Homemaker	357	16.0
Family day care	119	5.3
Day care center	214	9.6
Day treatment	143	6.4
Alternate or special education	500	22.4
After-school recreation	752	33.6
Drug/alcohol rehabilitation	119	5.3
Housing assistance	357	16.0
Other	666	29.8

TABLE 21

ACTUAL AND APPROPRIATE PLACEMENT 1/ OF NEW YORK CITY CHILDREN CURRENTLY IN FOSTER CARE, AWAITING PLACEMENT, DISCHARGED FROM PSYCHIATRIC WARDS 2/ OR ON PROBATION 3/, DECEMBER 1974, AND PROJECTED NEEDS OF FOSTER CARE FACILITIES - 1980,1985

	December 1974				December 1980			December 1985		
Type of Placement	Actual Placement	Appro. Placement	Surplus (Actual exceeds Appr.)	Deficit (Appro. exceeds Act)	Placements Needed	Surplus (Need less than 1974 Actual	Deficit (Need exceeds 1974 Actual	Placements needed	Surplus (Need less than 1974 actual)	Deficit (Need exceeds 1974 actual)
Own home	3,632	4,163		531	*	*	*	*	*	*
Temporary Foster Care										
Foster home	1,071	873	198		857	214		805	266	
Group home	48	226		178	273		225	248		200
Group residence	119	412		293	482		363	439		320
General institution	214		214			214			214	
Long-Term Foster Care										
Foster homes	13,185	9,737	3,448		10,902	2,283		9,931	3,254	
Agency -op. boarding home	286	478		192	538		252	490		204
Group home	1,571	2,464		893	2,921		1,350	2,660		1,089
Group residence	500	1,030		530	1,214		714	1,107		607
General institution	3,951		3,951			3,951			3,951	
Res. treatment Type A	881	2,500		1,619	2,946		2,065	2,680		1,799
Res. treatment type B	262	1,274		1,012	1,502		1,240	1,365		1,103
Institution for retarded	262	412		150	491		229	447		185
Fos. home, pros. adoptive	4,593	3,951	642		4,297	296		3,917	676	
At home, susp. payment	1,428	881	547		988	440		902	526	
Other										
Secure detention	190		190			190**			190**	
Adoption		3,669		3,669	*	*	*	*	*	*
Lifetime care		143		143	*	*	*	*	*	*
Other/record unclear	374	404		30	532		195	482		78
Total - Own Home	3,632	4,163								
- Adoption		3,669								
- In placement	28,935	24,642			27,953			25,473		
- Lifetime care		143								

Notes for Table 21:

1/ Includes own home.

2/ Since children discharged from psychiatric wards to foster care were already in care and included in the 1974 actual total, they were not added a second time. The surplus or deficit for children in psychiatric wards was added to the appropriate placement, 1974 totals.

3/ Excluded from the appropriate total were 160 children from psychiatric wards and on probation whose appropriate placement was Division for Youth facilities and 25 children from these two groups whose appropriate placement was Dept. of Mental Hygiene facilities. Excluded from the 1974 actual totals were 229 children from psychiatric wards who were placed in DFY or DMH facilities.

* In the projection, we are assuming that no child who should be home, in lifetime care, or already have been adopted will be in the foster care system. Note, however, that we are assuming continued need for prospective adoptive homes within the foster care system.

** The surplus of 190 children in secure detention is carried over from 1974. It is assumed that all of these children will be properly placed by 1980.

becomes clear that to reach the preferred pattern of placement for children needing foster care,

--2,631 additional places in residential treatment centers are required over and above the approximately 1,150 places available in December 1974;

--1,323 additional places in group homes and residences are necessary for long-term care, a 60 percent increase over the number presently available;

--471 additional places in group homes are needed for temporary care;

--192 additional places are needed in agency-operated boarding homes to take care of sibling groups and children unable to relate to strong parental figures.

On the other hand, achievement of the preferred placement pattern would eliminate the need for almost 3,500 places in foster homes and almost 4,000 places in general institutions.

PROJECTED NEEDS FOR FOSTER PLACEMENT, 1980 AND 1985

Clearly, the preferred pattern of foster placement services described above cannot be achieved overnight even with the best will in the world and whatever additional financing may be required. Before it is even regarded as a goal, one must consider whether approximately the same volume and pattern of services will still be required five and ten years hence.

Projections are, of course, a tricky business full of pitfalls, and our projection of foster care needs is not exempt from the general rule. Nevertheless, it indicates the general direction and the approximate boundaries and serves to indicate whether the expansion or contraction of particular types of facilities is justified.

As indicated in the Introduction, the projection of needs in 1980 and 1985 was based on a projection of the population under 18 in New York City by age group and on past and anticipated trends in the proportion of children in each of four age groups who require foster care. Briefly, we anticipate a continued decline in the number of children under six years of age, some increase in the 6-12 year group, and a continued increase through 1980 of children 12 years of age and over.[13]

Comparing the projected needs for 1980 with the actual pattern of placement at the end of 1974, we anticipate a decline of about 1,000 in the total number of children in foster placement -- from 28,935 to 27,953. Within this reduced total number, however, the larger number of adolescents in foster care will require additional residential treatment facilities so that the deficit in relation to current places available will reach 3,300. By 1985, however, the pressure from the adolescents should subside to some degree, bringing the additional requirement down to 2,900 places compared to the 1,150 places currently available. Similarly, the deficit for group homes and residences estimated at about 1,400 in 1974 will rise to 2,060 by 1980 and drop to about 1,700 in 1985.

The surplus in foster homes will continue through 1985 though it will be somewhat lower in 1980 than in 1974. The increase of 1,500 in the number of placements needed in 1980 in foster homes and agency-operated boarding homes, compared to the preferred pattern of placement in 1974, results from counterbalancing forces -- a significant decline in the number of children under six years requiring placement of any kind, some increase in the number of children 6-12 years of age, and a large increase in the number of children 12 and over requiring placement. Of course, the surplus in general institutions remains constant since these institutions are considered inappropriate for foster care of children.

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[13] For the detailed explanation of the basis of the projection, see Appendix A.

In summary, what the projection shows is that we need many more residential treatment centers. We need them now and we are going to need them five and ten years from now. We need them to serve a group of disturbed, vulnerable children, often truants or delinquents, who, if they do not obtain the necessary residential treatment service, are likely to turn into miserable, unhappy adults prone to crime and other continuing serious emotional and behavioral problems.

Some of the general institutions have begun to move toward providing the equivalent of residential treatment services to some of the children in their care. It should be possible for them to move more rapidly to transform their facilities to residential treatment centers for the moderately or seriously disturbed children if the normal or near normal children now inappropriately placed in these large congregate institutions are moved back to their homes, or into group homes or residences, or foster homes, as the child's needs may dictate.

Planning for the foster placement needs of children during the coming ten years must take account of the fact that the children needing care will be older. The trend from 1960 to 1974 is striking; the number of children 12 years of age or over in foster placement has risen from 5,585 to 13,376, including children at home awaiting placement or at Spofford, or from 30 to 45 percent of all children in care. It is anticipated that the number of adolescents requiring foster placement will rise to a peak of 14,520 by 1980 when they will constitute 52 percent of the foster care population (Table 22). Though the absolute number should drop by 1985, the adolescent will still form more than half of the foster care population. In contrast, the proportion of children under six years of age in foster care will decline from 31 percent in 1960 to 15 percent in 1985. Further, as indicated in Table 23, these trends will be evident in almost every type of long-term foster care program and facility including foster homes, group homes, and residential treatment centers.

TABLE 22

PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN PLACEMENT BY AGE FOR SELECTED PAST YEARS, 1974 ACTUAL AND 1974 APPROPRIATE, AND PROJECTIONS FOR 1980 AND 1985

Age	1960		1965		1970		1974 Actual 2/		1974 Appropriate		1980		1985	
	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.	No.	Pct.
Under 3 1/	2,484	13.5	3,678	16.7	4,260	16.4	2,213	7.4	1,737	7.0	1,669	6.0	1,591	6.2
3-6	3,197	17.3	3,435	15.6	4,101	15.8	3,927	13.2	2,784	11.3	2,396	8.6	2,233	8.8
6-12	7,158	38.9	8,313	37.8	9,235	35.6	10,210	34.4	7,879	31.9	9,367	33.5	8,350	33.0
12 +	5,585	30.3	6,595	29.9	8,338	32.2	13,376	45.0	12,288	49.8	14,521	51.9	13,290	52.0
Total	18,424	100.0	22,021	100.0	25,934	100.0	29,726	100.0	24,688	100.0	27,953	100.0	25,473	100.0

SOURCE: New York City, Department of Social Services, Bureau of Child Welfare

1/ Historical data (1960, 1965, 1970) give age distribution 0-2, 2-6. 20% of the 2-6 age group were added to the under-2 group to yield a distribution for the 0-3 group.

2/ Includes children awaiting placement at home.

TABLE 23

PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN CURRENTLY IN PLACEMENT OR AWAITING PLACEMENT BY TYPE OF CARE BY AGE, DECEMBER 1974 ACTUAL AND APPROPRIATE, AND PROJECTIONS FOR 1980 AND 1985

Age	Total	Temp. Fos. Home	Temp. Group Living 1/	Fos. Home/ AOBH	Group Home	Group Res.	Gen. Inst.	RTC Type A	RTC Type B	Inst. for Ret.	F.H. Pros. Adopt.	At Home Supp. Pymt.	Other	Await Plcmt.
							1974 Actual							
Under 3	7.4	42.2	--	8.8	--	--	--	--	--	--	9.3	6.7	--	5.3
3-6	13.2	20.0	--	17.3	--	--	2.4	2.7	--	--	22.3	10.0	--	10.5
6-12	34.4	26.7	31.2	35.5	14.7	4.8	27.7	35.1	45.4	9.2	51.3	38.3	--	31.6
12 +	45.0	11.1	68.8	38.4	85.3	95.2	69.9	62.2	54.6	90.8	17.1	45.0	100.0	52.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
							1974 Appropriate							
Under 3	7.0	43.6	--	8.2	--	--	--	--	--	--	10.8	10.8	--	--
3-6	11.3	27.3	3.8	14.4	--	--	--	1.0	--	--	23.5	10.8	--	--
6-12	31.9	24.5	26.0	38.2	12.4	3.1	--	18.4	25.6	17.5	49.4	35.1	31.6	--
12 +	49.8	4.6	70.2	39.2	87.6	96.9	--	80.6	74.4	82.5	16.3	43.3	68.4	--
Total	100.0	100.0	100.0	100.0	100.0	100.0	--	100.0	100.0	100.0	100.0	100.0	100.0	--
							1980							
Under 3	6.0	42.2	--	7.0	--	--	--	--	--	--	9.6	9.3	--	--
3-6	8.3	23.5	2.8	11.1	--	--	--	0.8	--	--	18.6	8.2	--	--
6-12	33.5	29.2	26.1	40.5	12.5	3.1	--	18.4	25.6	17.1	54.3	36.9	31.8	--
12 +	51.9	5.1	71.1	41.4	87.5	96.9	--	80.8	74.4	82.9	17.5	45.6	68.2	--
Total	100.0	100.0	100.0	100.0	100.0	100.0	--	100.0	100.0	100.0	100.0	100.0	100.0	--
							1985							
Under. 3	6.2	43.2	--	7.3	--	--	--	--	--	--	10.0	9.8	--	--
3-6	7.8	23.6	2.9	11.4	--	--	--	0.7	--	--	19.0	8.4	--	--
6-12	33.0	28.2	25.8	39.9	12.3	3.1	--	18.2	25.2	17.0	53.4	36.2	31.3	--
12 +	52.9	5.0	71.3	41.4	87.7	96.9	--	81.1	74.8	83.0	17.6	45.6	68.7	--
Total	100.0	100.0	100.0	100.0	100.0	100.0	--	100.0	100.0	100.0	100.0	100.0	100.0	--

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1/ Includes temporary group homes, temporary group residences or diagnostic centers, and temporary institutions.

THE COSTS OF THE PATTERN OF APPROPRIATE PLACEMENTS AND ALTERNATIVES TO FOSTER CARE

Achievement of the appropriate placements or alternatives to foster care for New York City's children now and during the coming ten years will require, as indicated in the preceding pages, major shifts in the pattern of care. We have outlined the preferred pattern but in these days of serious budgetary constraints, indeed of fiscal crisis in the city and state, one cannot be unconcerned about costs. Will it cost more -- a lot more? Or will it perhaps cost less — or not much more than is now spent? Whether more or less -- will there be any change in the cost allocation between city and state government on the one hand and the federal government on the other, taking account of the fact that at present maintenance costs are paid by city, state, and federal governments on a 40-40-20[14] basis and Medicaid costs on a 25-25-50 arrangement. Finally, consideration must be given to the capital costs involved in shifting from foster family care and general institutions to group homes and residences and residential treatment centers.

One might have reasonably assumed that it would not be difficult to determine from public or voluntary agency records what it costs per child per day for each type of care and, therefore, that the question of the relative costs for maintenance and Medicaid would be relatively simple to answer once the current, appropriate, and projected patterns of care were settled. It is, however, very difficult. Indeed, it is so complicated that apart from the brief description of the method of estimation already presented in the Introduction, we shall only explain the simplest elements of the problem here and leave the reader to work his or her way through Appendix B if he or she wishes to understand the detailed methodology.

Why is it all so complicated? In brief, because:

1. Though one can determine easily enough the Department of Social Services' maximum allowance for each type of care, these figures do not tell us the actual cost, which may be higher or lower for a variety of reasons. For example, a voluntary agency may be adding its own funds to the public contribution.

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[14] No single formula applies to maintenance since the federal government pays 50 percent of these costs for children eligible for AFDC foster care who are court placed and makes no contribution for other children in care. According to NYS DSS the total federal contribution for maintenance in 1974 was about 20 percent of the total public expenditure.

2. Data obtainable from the voluntary agencies which operate more than one type of foster care program -- and many of them do -- are neither easily separable by each type of care nor are overhead costs allocated in any standard way.

3. The voluntary agency data for 1973-74, the latest available, are unaudited, and many agencies have not been audited for five years or more. One cannot be at all certain, therefore, of what the final audited figures will look like.

4. Medicaid costs which vary widely by type of foster care are not shown separately by type of program in almost all agencies which operate several different services.

5. Data on services to children in their own homes such as child guidance, comprehensive family care centers are particularly difficult to obtain as they are not available in any central place and may vary widely depending on the nature of the program, staffing, etc.

The figures we present are clearly estimates. We believe they are sufficiently accurate to indicate the general magnitude of the costs involved in shifting from the current to the appropriate pattern of foster placements and alternatives to foster care. Further, they indicate approximately the level and the variations in the maintenance and Medicaid costs in the different types of foster care and these are sometimes startling. The least we can say is that, for the present, these are the only figures in town.

Table 24 shows the range of per-child per-diem costs for various types of foster care and alternative services. Secure detention and temporary institutions are by far the most expensive forms of foster care with per-child per-diem average rates of $115 and $93 respectively. It should be noted, however, that the figure for temporary institutional care includes the $150-170 cost of public shelters, as well as the much lower figure of $40 per child, the daily cost in shelters operated by voluntary agencies. The main reason for the very high costs in public shelters is that they are operating well below capacity, but they would be high in any event.

Residential treatment centers type B are the next most expensive type of care, with a total per-child per-diem expenditure of $55 including $12 for medical care. Some agencies, however, are now reporting costs of over $60 per day for some children in type B residential treatment. Temporary group residences or diagnostic facilities cost $51 per child per diem, reflecting a high daily medical expenditure of over $9. Residential treatment centers type A are the next at $49, but only slightly more expensive than general institutions ($46). Relatively small differences in daily costs among general institutions, group residences and group homes may be noted; when these are converted into yearly rates, however, it is clear that smaller congregate settings are less expensive by $350 to $1,400 per year.

In general, the differences in daily maintenance costs among the larger group settings, that is, group residences, general institutions, and residential treatment centers, are not large. In the more intensive forms of care, however, medical costs are substantially higher. These range from just over $5 per day in group residences and general institutions to $7.69 and $11.89 in residential treatment centers types A and B respectively.

At $14.14 per child per day, foster homes are clearly the least expensive forms of placement. The costs of adoptive placements and foster homes/prospective adoptive are almost identical, but it should be kept in mind that once a child is adopted it will be necessary to pay only the subsidy of $5 per day -- if that. The subsidy charge is even less than the per-child (or per-family) per-diem cost of services to children in their own homes (slightly over $6 per day).

The voluntary agencies, from their own funds, spent less than $1 per child per day on foster home care to over $6 per day on residential treatment centers type B and over $5 per day for adoptive placements. In general, the voluntary agencies are making the largest contribution to group residences and institutions -- about $3-5 per child per day. In 1974 the voluntary contribution to foster care expenditures was $15.5 million; it should be noted, however, that the voluntary agencies over the years have contributed a few hundred million dollars in capital expenditures on congregate-care facilities.

Discussion of the costs of foster care in terms of daily rates tends to obscure the fact that most types of foster care are very expensive indeed. The annual cost per child ranges from the relatively modest figure of $5,200 for foster home care to more than $42,000 for secure detention. In between, one may note the annual cost of $16,900 for a child in a general institution, $18,000 for a type A and $20,200 for a type B residential treatment center. In contrast, the costs of alternative services for children who do not require placement but could be returned to their homes if the services were available, is very much less: $900-1,000 per child per year in a comprehensive family center or casework agency; $2,000 for child guidance, homemaker service, or family day care; $4,000 for a day care center; and $8,000 per year in a day treatment facility.

Note must also be made of some of the annual per capita costs for medical care which range from $423 for children in foster homes to $4,340 for children in residential treatment type B. Medical care for children in general institutions reaches an average of $2,000 per year per child, of which a relatively high proportion is for regular health care as opposed to psychiatric or clinical psychological services. One of the factors forcing these costs up is the presence of extensive infirmaries at many institutions, perhaps necessary given the fact that some institutions may be geographically isolated. Medical care is provided much less expensively in other settings.

TABLE 24
ESTIMATED PER-CHILD PER-DIEM AND PER-CHILD PER-YEAR COSTS OF FOSTER CARE PLACEMENTS AND ALTERNATIVE SERVICES
(In Dollars)

Types of Placements	Maintenance Total	Maintenance Public	Maintenance Voluntary	Medicaid 1/ Total	Combined Per-Diem Total	Combined Per-Year Total
Temporary Foster Care						
Foster home	12.98	12.27	.71	1.16	14.14	5,200
Group home	38.53	36.49	2.04	3.60	42.13	15,400
Group residence	41.83	40.36	1.47	9.20	51.03	18,600
General institution 2/	88.85	87.94	.91	4.24	93.09	34,000
Secure detention	115.31	115.31	—	3/	115,31	42,100
Long-Term Foster Care						
Foster home	12.98	12.27	.71	1.16	14.14	5,200
Agency-operated boarding home	28.09	24.83	3.26	1.16	29.25	10,700
Group home	38.53	36.49	2.04	3.60	42.13	15,400
Group residence	40.12	36.00	4.12	5.02	45.14	16,500
General institution	40.85	36.90	3.95	5.48	46.33	16,900
Residential treatment type A	42.61	36.90	4.71	7.69	49.30	18,000
Residential treatment type B	43.42	36.90	6.52	11.89	55.31	20,200
Institution for the retarded	40.47	36.90	3.57	4.30	44.77	16,300
Foster home, prospective adoptive	12.98	12.27	.71	1.16	14.14	5,200
At home, suspended payment			4/			
Adoption	14.15	8.94	5.21	5/	14.15	5,200
Other Systems						
Lifetime care 6/				78.00	78.00	28,500
Other 7/		30.98		39.43	70.41	25,700
Alternative Services 8/						
Comprehensive family center						900
Casework agency						1,000
Child guidance						2,000
Homemaker						2,000
Family day care						2,000
Day care center						4,000
Day treatment						8,000
Alternate or special education						—
After-school recreation						—
Drug/alcohol rehabilitation						2,800
Housing assistance						1,000

Notes for Table 24:

1/ For the purpose of these estimates, it is assumed that medical expenses are 100 percent public.

2/ The reader will quickly spot the dramatic difference in cost of temporary general institutions (shelters) and other forms of care (except secure detention). This is due to the fact that a large proportion of such care is at public facilities which have per-child per-diem costs of $150 to $170 for maintenance as opposed to an average of approximately $140 per child per diem in shelters operated by voluntary agencies. It should be noted that the public shelters are operating at well below capacity, hence a higher per-child per-diem expenditure, but the costs are still significantly higher even if this factor is controlled. According to Mr. Jeffrey Feuer, Administrative Director, Bureau of Institutions and Facilities, Special Services for Children, these costs do not include utilities — a large and growing expenditure and only a small part of administrative overhead; charges for utilities are funneled through the New York City Bureau of Plant Management. Special Services for Children was unable to provide data on Medicaid expenditures for children in public care; this appears to be due to the fact that this service has been provided by hospitals near the shelters (i.e., Flower and Fifth Avenue, Peninsula General, Greenpoint) which billed Medicaid directly. As will become clear when we discuss Medicaid costs at Spofford, a large amount of money is undoubtedly being expended for the medical care of children in the public shelters.

3/ Medicaid expenditures for secure detention (Spofford) are not available for 1974. According to Mr. Feuer, SSC has recently entered into a contract with Montefiore Hospital for fiscal 1974-75 to provide medical care for children on remand. For $700,000 the hospital will provide basic medical care. Assuming the census at Spofford remains at the 1973-74 level (about 65,000 days of care provided), this is equal to over $10 per child per diem and does not include psychiatric services.

4/ No attempt has been made to estimate aftercare costs.

5/ The method for calculating the per-child per-diem adoption costs is described separately.

6/ For purposes of these estimates it is assumed that lifetime care will be provided in facilities such as the Psychiatric Hospitals of the Department of Mental Hygiene. According to Mr. Phil Murphy of DMH the statewide per-child per-diem cost of Children's Psychiatric Hospital facilities is $78. This is shown in the Medicaid column.

7/ For purposes of these estimates it is assumed that children in "other" foster care programs would be evenly divided between DFY Training Schools and DMH Children's Psychiatric Hospitals. The respective per-child per-diem costs were $62.81 and $78.00 for 1974. The DFY does not distinguish between maintenance and Medicaid in their cost analyses; for purposes of this study expenses for care in their facilities is designated as a maintenance cost. The state and local governments split these costs on a 50-50 basis. Cost data on DFY facilities were obtained from Mr. Vincent Cosell of the Division For Youth.

8/ These services are so highly fragmented that we have neither attempted to distinguish between public and voluntary expenditure nor between Medicaid and non-Medicaid expenses. Per-child per-diem expenditures are not shown since the number of days per year the service would be provided is not standard.

Table 25, which shows the total costs of foster care in 1974 (maintenance and Medicaid combined) permits an analysis of the relative magnitude of expenditures for each foster care program (foster homes, group homes, residential treatment, etc.). Of the total expenditure of $252.8 million, almost $75 million is for care in temporary and long-term general institutions — inappropriate forms of care; this amount is probably understated by several million dollars since the sample of children in general institutions was four to five percent below SSC's and CWIS's enumerations of the institutional population.

Group homes and residences have expanded rapidly in the past few years, but they constitute a relatively small proportion of the estimated expenditure for 1974 -- $35 million for temporary and long-term group homes and residences. Residential treatment centers absorb $21.1 million, or less than eight percent of the total expenditure.

In Table 26, we have juxtaposed the costs of providing the actual pattern of foster care services in 1974 and the costs which would have been incurred had the appropriate pattern been provided. For the moment, we simply want to indicate where the major changes would occur and the magnitude of these changes. The sharpest increase in expenditures would be for residential treatment if all children needing these placements — both types A and B — were so placed. The estimated cost of serving the children actually in these programs is $21 million; an outlay of $71 million would have been necessary to serve all of the children needing this type of care. The $50 million in additional expenditures represents well over a 200 percent increase.

Other upward shifts are important but less dramatic. An additional expenditure of $2 million is estimated to be needed for agency-operated boarding homes over the $3 million spent during 1974. To accommodate children who need placement in institutions for the retarded, it is estimated that $2.5 million needs to be spent in addition to the estimated $4.3 million expended for children actually in this type of care.

The major downward shift in expenditures, of course, would come in the general institutions -- $74.1 million -- if the children now in them were shifted either to the more expensive residential treatment centers (about 20% of the children) or to the less expensive forms of care (about 60%), or returned to their homes and provided the drastically less expensive alternative forms of services (20%). Expenditures for foster homes would also drop significantly — by $17.8 million.

It is estimated that the funds necessary to support prospective adoptive foster homes will decrease by $3 million. This saving, however, is counterbalanced by the one-time expenditure of $19 million that would have been necessary to effect adoptive placements in 1974. This is a "new" expenditure in that it recognizes that additional

TABLE 25
EXPENDITURES ON FOSTER CARE
FOR ACTUAL PATTERN - 1974
(In Thousands of Dollars)

Types of Placements	Maintenance Costs: Public Contribution	Maintenance Costs: Voluntary Contribution	Maintenance Costs: Total	Medicaid Costs	Total Expenditures
Temporary Foster Care--Subtotal	22,055	449	22,504	1,247	23,751
Foster home	4,797	278	5,075	453	5,528
Group home	639	36	675	63	738
Group residence	1,753	64	1,817	400	2,217
General institution	6,869	71	6,940	331	7,271
Secure detention	7,997	--	7,997	1/	7,997
Long-Term Foster Care--Subtotal	181,844	15,045	196,889	22,553	219,442
Foster home	59,050	3,417	62,467	5,583	68,050
Agency-operated boarding home	2,592	340	2,932	121	3,053
Group home	20,924	1,170	22,094	2,064	24,158
Group residence	6,570	752	7,322	916	8,238
General institution	53,214	5,696	58,910	7,903	66,813
Residential treatment type A	11,866	1,515	13,381	2,473	15,854
Residential treatment type B	3,529	624	4,153	1,137	5,290
Institution for the retarded	3,529	341	3,870	411	4,281
Foster home, prospective adoptive 2/	20,570	1,190	21,760	1,945	23,705
At home, suspended payment	--	--	--	--	--
Adoption	--	--	--	--	--
Other Systems--Subtotal	4,229	--	4,229	5,383	9,612
Lifetime care	--	--	--	--	--
Other/record unclear	4,229	--	4,229	5,383	9,612
Alternatives Services--Subtotal 3/	--	--	--	--	--
Grand Total	208,128	15,494	223,622	29,183	252,805

1/ Medicaid expenditures for Spofford are not available for 1974; for fiscal 1975-76 basic medical care will be provided for $700,000 by Montefiore Hospital.

2/ We realize that a large sum of money is currently being spent on adoption services; this is included under foster homes prospective adoptive.

3/ We realize that some money is already being spent on children in their own homes; for example, the approximately 2,000 children on probation are supervised by workers whose salaries must be paid, but other than this cost we are assuming the expenditures on preventive and rehabilitative services are negligible.

TABLE 26
ESTIMATED EXPENDITURES FOR FOSTER CARE IN 1974
ACTUAL AND APPROPRIATE PATTERNS
(In Thousands of Dollars)

Types of Placements	Actual Pattern	Appropriate Pattern	Appropriate Pattern Would Require Less Expenditures	Appropriate Pattern Would Require More Expenditures
Temporary Foster Care--Subtotal	23,751	15,654		
Foster home	5,528	4,506	1,022	
Group home	738	3,475		2,737
Group residence	2,217	7,673		5,458
General institution	7,271	—	7,271	
Secure detention	7,997	—	7,997	
Long-Term Foster Care--Subtotal	219,442	208,049		
Foster home	68,050	50,254	17,795	
Agency-operated boarding home	3,053	5,103		2,050
Group home	24,158	37,891		13,732
Group residence	8,238	16,970		8,732
General institution	66,813	—	66,813	
Residential treatment type A	15,854	44,986		29,133
Residential treatment type B	5,290	25,720		20,431
Institution for the retarded	4,281	6,733		2,452
Foster home, prospective adoptive	23,705	20,392	3,313	
At home, suspended payment	—	—	—	—
Adoption--Subtotal	—	18,943		18,943
Other Systems--Subtotal	9,612	14,454		
Lifetime care	—	4,071		4,071
Other	9,612	10,383		771
Alternative Services--Subtotal	—	9,200		9,200
Total	252,805	266,566		13,495

resources will be necessary to find placements for most of the children and therefore money is allocated to cover the casework and legal services necessary to implement the decisions to place the child for adoption and also funds to subsidize 75 percent of these adoptions.[15]

Other additional expenditures would be necessary to care for children who would be appropriately served outside the foster care system as now defined. These include $4 million for the youngsters who need lifetime care in facilities with extensive and costly services such as the Department of Mental Hygiene's Psychiatric Hospitals. An additional $770,000 would be needed to cover the cost of care in "other" programs, which were defined for the purposes of the study as the DMH's Children's Psychiatric Hospitals and the Division for Youth's Training Schools (Title III facilities), above the $9.6 million spent for children in these placements currently.

Although "secure detention" as currently structured has been defined as inappropriate -- and hence the $8 million is not theoretically required — it is realized that there are complex legal issues regarding confinement, treatment, and supervision which must be resolved and new facilities and programs created before Spofford can be replaced.

We come now to the two big questions -- how much more would it have cost to provide the appropriate pattern of foster care services in 1974, and what can one anticipate for the coming decade?

The answer to the first question is, it would not have cost much more in 1974. Altogether, the rise would have been from $252.8 to $266.3 million, including the cost of alternative services to maintain children in their own homes -- a difference of $13.5 million, or less than six percent (Table 27). Further, the total of $266.3 million for the preferred pattern includes a one-time cost of $18.9 million to cover the casework and legal costs of finding adoptive homes for the almost 3,700 children in foster care who should have been placed for adoption, as well as the annual subsidy to the adoptive parents of about 75 percent of this group of children. In fact, this sum would not have been spent in one year but over a period of several years. One should also note that it includes the sum of $14.4 million for lifetime care and other programs not considered part of the foster care system although, of course, these are costs to the society as a whole. The cost of temporary and long-term appropriate foster placements would have been $242 million, or $500,000 less than the expenditure for the current placement pattern.

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[15] If this expenditure is not made and these children are not adopted, they will continue in foster care until their majority, necessitating outlays well in excess of $18.9 million.

TABLE 27
ESTIMATED EXPENDITURES FOR FOSTER CARE IN NEW YORK CITY FOR CURRENT AND APPROPRIATE PLACEMENT, 1974 AND PROJECTED APPROPRIATE PLACEMENT, 1980 AND 1985

(In Thousands of Dollars)

Types of Placements	1974						1980			1985		
	Current			Appropriate								
	Total	Maintenance	Medicaid	Total	Maintenance	Medicaid	Total	Maintenance	Medicaid	Total	Maintenance	Medicaid
Grand Total	252,825	223,640	29,185	266,300	230,049	36,251	275,407	237,019	38,388	258,246	208,709	27,870
Temporary Foster Care--Subtotal	23,751	22,304	1,447	15,684	13,624	2,050	17,696	15,348	2,348	16,146	14,005	2,141
Foster home	5,526	5,073	453	4,506	4,136	370	4,487	4,119	368	4,155	3,814	341
Group home	738	675	63	3,475	3,178	297	4,210	3,850	360	3,814	3,488	326
Group residence	2,217	1,817	400	7,673	6,290	1,383	8,999	7,379	1,620	8,177	6,703	1,474
General institution	7,372	6,940	335	—	—	—	—	—	—	—	—	—
Secure detention	7,997	7,997	3/	—	—	—	—	—	—	—	—	—
Long-Term Foster Care--Subtotal	219,442	196,889	22,553	258,049	183,733	24,316	241,126	212,764	28,362	218,610	192,881	25,729
Foster home	68,050	62,467	5,583	50,254	46,131	4,123	56,422	51,798	4,629	51,235	47,030	4,205
Agency-operated boarding home	3,053	2,932	121	5,103	4,901	202	5,739	5,531	208	4,911	4,716	195
Group home	24,158	22,094	2,064	37,831	34,633	3,238	45,041	41,192	3,849	40,904	37,409	3,495
Group residence	8,238	7,322	916	16,970	15,083	1,887	20,058	17,827	2,231	18,239	16,211	2,028
General institution	66,813	58,910	7,903	—	—	—	—	—	—	—	—	—
Residential treatment type A	13,854	11,381	2,473	44,966	37,949	7,017	53,157	44,865	8,292	48,225	40,703	7,522
Residential treatment type B	5,290	4,153	1,137	25,720	22,191	3,529	30,406	23,870	6,536	27,597	21,633	5,984
Institution for the retarded	4,281	3,870	411	6,733	6,086	647	8,046	7,273	773	7,306	6,608	700
Foster home, prospective adoptive	23,705	21,760	1,945	20,392	18,719	1,673	22,030	20,414	1,616	20,015	18,357	1,658
At home, suspended payment	—	—	—	—	—	—	—	—	—	—	—	—
Adoption--Subtotal	—	—	2/	18,943	18,943	—	3,675	3,675	—	1,903	1,903	—
Foster Care--Total	243,193	219,393	23,800	272,646	216,280	26,366	262,497	231,787	30,710	236,659	203,330	20,933
Other Systems--Subtotal	9,610	4,229	5,383	14,454	4,369	9,885	13,710	6,032	7,678	12,387	5,450	6,937
Lifetime care	—	—	—	4,071	—	4,071	—	—	—	—	—	—
Other/record unclear	9,610	4,229	5,383	10,383	4,369	5,814	13,710	6,032	7,678	12,387	5,450	6,937
Alternative Services--Subtotal			3/	9,800			9,800 4/			9,200 4/		
Comprehensive family center				1,555								
Casework agency				1,902								
Child guidance				1,240								
Homemaker				1,385								
Family day care				—								
Day care center				—								
Day treatment				1,833								
Alternate or special education				—								
After-school recreation				—								
Drug/alcohol rehabilitation				619								
Housing assistance				666								
Other				—								

Notes for Table 27:

1/ Medicaid expenditures for Spofford are not available for 1974; for fiscal 1975-76 basic medical care will be provided for $700,000 by Montefiore Hospital.

2/ We realize that a large sum of money is currently being spent on adoption services; this is included under foster homes prospective adoptive.

3/ We realize that some money is already being spent on children in their own homes; for example, the approximately 2,000 children on probation are supervised by workers whose salaries must be paid, but other than this cost we are assuming the expenditures on preventive and rehabilitative services are negligible.

4/ Although the children needing these services should no longer be in foster care by 1980, we have assumed that at least $9.2 million will be necessary to provide services so that other children can avoid placement or return home at an earlier date.

It will be recalled that according to our analysis, 24,640 children would have appropriately been in foster placement in 1974. We estimated this number would rise to 27,950 in 1980 and then decline to 25,470 in 1985. The answer to the second question, that is, what will the appropriate pattern cost in future years, is that it will rise from the $242 million in 1974 to approximately $262 million in 1980, or slightly less than 10 percent, and then decline to $237 million in 1985. These estimates do not take inflation into account. In addition, provision must be made for (a) alternative services to maintain children in their own homes, estimated at $9.2 million in 1974 -- and one can assume it will be at least that in each of the next 10 years; and (b) lifetime or other types of non-foster care programs estimated to cost $14.4 million in 1974 and roughly the same amount in future years. Achievement of the appropriate pattern of foster placements and alternatives to foster care will cost some additional money in 1980 -- about $20 million more than would have been required for the appropriate pattern in 1974, but this added financial burden will not fall exclusively on the state and city. In 1985, however, the cost of the appropriate pattern will actually be about $8 million less than in 1974.

Foster care expenditures have traditionally been divided between maintenance and Medicaid because they are funded under different titles (IV-A and XIX, respectively) of the Social Security Act; about 85-90 percent of both the actual and appropriate costs are maintenance costs. The remainder are for medical care. Two factors will help reduce the financial burden on the state and city. First, it may be noted that $7.1 million of the total difference of $13.5 million in the cost of the appropriate compared to the actual pattern is attributable to medical costs, as these are currently defined, and half of this sum ($3.5 million) will be borne by the federal government under the provisions for Medicaid. Second, it is possible that a much greater proportion of the cost of residential treatment centers type B can be charged to Medicaid if the services are restructured and recertified to meet Title XIX requirements. By making this shift, $56 million instead of $36 million of the total expenditure for appropriate placements and alternative services would be charged to Medicaid and since the federal government would pay 50 percent and the state and city 25 percent each, the net additional outlay will be only about $4 million more than is spent for the current pattern. This possibility will be discussed in greater detail in the section below on funding patterns.

The voluntary agencies' estimated contribution to the total cost of the actual foster care pattern is $15.5 million. On the basis of current reimbursement formulas, it would have been necessary for the voluntary agencies to contribute $23 million in order to effect the appropriate pattern of placement. Over 90 percent of this $7.5 million in additional expenditures would have been for adoption services.

If, as appears likely, the voluntary agencies are not able to take on this additional financial burden, it may be necessary for the public sector to take responsibility for a larger share of adoption costs.

The discussion thus far has focused on annual operating costs for maintenance and medical care. Study staff had hoped to be able to prepare estimates of the capital costs of shifting from the actual to the appropriate pattern of placements, but the almost complete dearth of information has placed this task beyond our capabilities. All we can say, on the basis of the little information available, is that new construction of residential treatment facilities or institutions for the retarded will be extremely expensive and that renovation of existing facilities appears to provide a much less costly alternative route.

FUNDING SOURCES

The formula for funding foster care is set out under Title 2, Section 153 of the Social Services Law, which provides in essence that the state and local governments each pay 50 percent of the cost of care after deducting federal funds, if any. Voluntary agencies have historically made and continue to make a significant contribution to the foster care of New York City children; however, the public sector is bearing an ever increasing share of the cost. In addition to the expenditures by state and city, the federal government now reimburses the state for children in foster care who are eligible for assistance under the federal Aid for Dependent Children program and who have been placed in care by the Family Court. The number of children eligible for federal reimbursement has increased as a result of measures taken since the enactment of Section 358-a of the Social Services Law; the total federal contribution for foster care maintenance (including services) of New York City children is now about 20 percent of the total public expenditure. Under Title XIX of the Social Security Act, the federal government pays 50 percent of medical and psychiatric services. Since the basic framework of public funding is likely to continue — at least in the foreseeable future, the city and state will need to make greater use of Medicaid or seek other sources. Following are some highlights of legislation that may provide the concepts and funds to meet the city's child care needs.

Title XX

Title XX has supplanted IV-A, but the change brings no new federal funds to New York State; in fact, the state will receive $3 million less in 1975-76 because of a decline in its population. This means, in essence, that public officials and voluntary agency executives must look elsewhere for financial help in meeting the foster care and alternative service needs outlined in this report: adoption services, "own home" services, residential treatment, and group homes. Despite the fact that Title XX does not provide immediate solutions to the needs identified, child care officials need to consider how future state social services program plans may be shaped to provide additional funds for child care under Title XX, since under Section 2004 of the law states are allowed to develop social service plans suitable to their own needs rather than one subject to approval by the federal government. Assuming additional federal funds will be available in future years, Title XX enables the public and voluntary agencies to stage a drive in 1976 for the services that will help maintain children in their own homes.

Title XIX

Medical and psychiatric services have in recent years been funded through Medicaid (Title XIX of the Social Security Law). It should be noted that in funding the preferred placement pattern about $7 million of the increased cost can be funded by Medicaid with the federal government assuming 50 percent of the cost. Additionally, it is possible under Title XIX, specifically the rules and regulations for Intermediate Care Facilities, to have residential treatment centers type B licensed as health-related facilities, assuming these centers are structured and staffed to provide the requisite services and meet state requirements for licensure.[16] If this can be accomplished, these facilities could be supported entirely by Medicaid.

Juvenile Justice and Delinquency Prevention Act of 1974

New York State is authorized to receive slightly over $2 million in grants under Title II of this Act for the fiscal year ending June 30, 1976 and about $2.5 million for the fiscal year ending June 30, 1977. Until the 1975 NYS Comprehensive Crime Control Plan is published it will not be possible to determine the funding priorities of the Division of Criminal Justice Services -- the grant administering agency. The language of the Act, however, makes it clear that community-based foster care, including group homes and preventive services for youths and their families -- including youth service bureaus, counseling, recreation, education, drug treatment and other programs for diversion -- are fundable. Training activities are also supported, which may provide the impetus for developing a cadre of professional, paraprofessional, and volunteer workers competent to work with adolescents both in and outside of placement. Since under the terms of the Act, PINS must be deinstitutionalized by September 1, 1976, a training program may be useful in helping the system gear up to meeting the needs of these youths plus those disturbed, acting-out children identified by the study. Federal funds extended under the provisions of Section II cover 90 percent of the approved costs of any assisted programs or activities.

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[16] According to these rules and regulations, the "resident(s) of an intermediate care facility is a patient or other individual who has been admitted to an intermediate care facility ... and is under a planned program of care and supervision on a continuous 24-hour-a-day basis....". This bears a close similarity to the needs of children who should be in residential treatment centers type B, as outlined in the criteria for placement. The quotation is from the Federal Register, Vol. 39, No. 12, Jan. 17, 1974, p. 2222.

Youth Facilities Improvement Act

Under the terms of this Act, the New York State Housing Finance Agency (HFA) is authorized to make mortgage loans to nonprofit corporations to construct and equip day care and residential child care centers. The "new" Edenwald is being constructed with a loan through this source, as have five day care centers in New York City. Although authorization exists for HFA to issue $80 million in loans in addition to those already outstanding, it does not appear that this is a viable alternative, at least for the present time.[17] This is because there is little acceptance in the market for these "moral obligation" bonds, and so HFA would have great difficulty selling the bonds except at extremely high interest rates.

Private Housing Finance Law

According to Section 85-A of the New York State Private Housing Finance Law, "A company may rent one or more dwelling units to a public welfare official or duly authorized agency as defined in Section 371 of the Social Welfare Law for the operation of agency boarding homes or group homes." Thus, it may be possible for child care agencies to rent space in subsidized state and city Mitchell-Lama financed housing projects at somewhat lower rents than they are currently being charged.

Foundation Support

Although most of the operating expenses for foster care programs must obviously come from the public sector, one non-governmental source should not be overlooked -- the foundations. Several thousand foundations are located in New York City, including several hundred with assets over $1 million and seven of the largest in the country -- each with assets of over $200 million. These foundations annually give a few million dollars to voluntary child care agencies. The foundations wish to allocate their funds to promote high priority matters and the current study and plan for action provide a systematic statement of these needs and priorities now and in the future. The foundations may prove to be a major source of capital funds for construction or acquisition and renovation of group residences and residential treatment centers type A; it is important, however, that the child care community approach the foundations with a unified plan, so that whatever funds are obtained will have maximum impact.

In summary, achievement of the appropriate plan in 1974 would cost $266 million, then $285 million in 1980 and $258 million in 1985. Assuming that no major restructuring in the funding pattern occurs, a significant share of the costs can be charged to Medicaid with the federal government assuming 50 percent as opposed to about 20 percent of the cost. If residential treatment centers type B can be approved and licensed as Intermediate Care Facilities, it is possible that an even larger amount of the costs can be charged to the federal government.

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[17] Discussion with Mr. Frederick B. Terens, Deputy Director, New York State Housing Finance Agency, August 1975.

APPENDIX A

METHODOLOGY FOR ESTIMATING FOSTER CARE NEEDS

Introduction

The first task set for the study was to determine whether children currently in placement or at home awaiting placement needed to be in placement or could be at home if appropriate services were provided, and if placement was necessary, whether they were in the appropriate type of placement. The estimates we have prepared are based on an analysis of a random sample of case records of children in placement or awaiting placement. Since this is the core of the study, the process of determining the criteria for placement, the choice and training of the case readers, and the choice of the sample are explained in considerable detail.

We were also concerned with the placement needs of children on probation or in the children's units of psychiatric hospitals. The estimates for these two groups are derived from questionnaires completed by probation officers or interviews with the staffs of children's units of psychiatric hospitals.

Since the case readers' judgments as to the appropriateness of the current placement are a crucial element in the study, a section of this description of the study methodology is devoted to the presentation in summary form of a selection of cases of children who are not, as well as of some who are, appropriately placed.

The projections of the need for foster placement in 1980 and 1985 are based in part on a projection of the population under 18 years of age by age and ethnic group prepared for this study, in part on selected data on historical trends, and in part on the material derived from the study on the current preferred placement of children requiring foster care or alternative services. The detailed methodology is described in the final section of this Appendix.

The project staff also acquired a great deal of historical and current information on the foster care system from the New York City Department of Social Services, Bureau of Child Welfare; the New York State Department of Social Services; and the New York State Board of Social Welfare.

Children Currently in Foster Placement or Awaiting Placement

As indicated above, the major core of the study is the data obtained from reading the case records of a sample of children in care or at home awaiting placement.

Criteria for the Placement of Children. The ultimate purpose of the case reading was to make judgments as to the appropriateness/inappropriateness of particular placements. While in a sense any experienced caseworker could make these judgments based on the needs of the children and the array of services and placements available, the judgments would tend to be idiosyncratic if not based on a common set of criteria. The project staff made inquiries of a broad range of administrators of child welfare programs both public and voluntary, and of other authorities in the field as to the existence of a set of criteria for making placement decisions, only to discover that while a great deal of information is in people's heads, written criteria are not available.

Sister Mary Paul, Director of Social Services of the Euphrasian Residences, was engaged as a consultant to prepare a set of criteria to encompass not only decisions about the types of placements appropriate to children with certain patterns of needs, but also to provide a basis for determining if a child indeed needed placement in foster care and if a child should be considered for adoption. The original draft was reviewed by study staff and after some revisions was circulated to the executives of the major voluntary child care federations (Diocese of Brooklyn, Archdiocese of New York, Jewish Board of Guardians, Jewish Child Care Association, the Federation of Protestant Welfare Agencies, and Council of Voluntary Child Care Agencies) and the Assistant Administrator of the New York City Department of Social Services, Special Services for Children. While the different child care executives did not agree on all points in the criteria, it would be fair to say that they felt it was sufficiently comprehensive in scope to be used in the training of caseworkers and in making placement decisions. Criteria for Foster Placement and Alternatives to Foster Care, including a summary of the criteria which is reprinted as Appendix C, has been published as a separate document and can be obtained from the New York State Board of Social Welfare. Suffice it to say here that the criteria are based on the principle of the least restrictive placement for the child.

Thus, if the parent(s) or other family member is willing and able to care for the child, and the child can benefit from services available in the community, the child should be at home. If the parent(s) have shown no interest and have had no contact with the child for an extended period, the child should be placed for adoption, assuming the child has no excessive disabilities. If the child is normal or near normal and requires foster care, placement should be in a foster home or group home or residence, depending on the child's age. Only if the child exhibits significant behavior or emotional problems should it be in a residential treatment center.

The Case Reading Schedule. The case reading schedule provides the operational link between Criteria for Foster Placement and Alternatives to Foster Care, the data in the case records, and the reader's decision about the appropriateness of a particular placement. Accordingly, the schedule was carefully developed so that when the reader had completed the schedule from the case record, she would have laid out all the data needed to make the decision about the appropriateness of the placement.

The case reading schedule[1/] included a section for demographic information for the child: Date and place of birth, sex, religion, ethnic group,

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[1/] Copies of the schedule may be obtained on request to the Research Department, Center for New York City Affairs, New School for Social Research.

and grade in school. It also included demographic and background information on the natural family: Total number of siblings, number of siblings at home and in placement, extent to which the siblings are placed together, parents' birthplace, number of years parents have lived in New York City, marital status, employment status, educational status, public assistance status, family income level, and status of the home. Other sections of the schedule gave check lists to show both the child's initial and current medical status, mental condition and behavior, and behavior reported (other than in psychiatric or psychological diagnosis). One section called for checking both the primary and secondary reasons for placement (initially and currently). Information was obtained on the child's placement history, specifically how long the child has been in continuous placement, number of placement cycles, the total amount of time the child has been in placement, and how many placements the child has had in the current cycle. The type of initial and current placements was checked. The readers also checked if the initial and current placements were appropriate and what placement or service would have been appropriate at these points in time. In the final section, the case reader explained the basis for the decision as to appropriateness or inappropriateness of the placement.

The Case Readers. The cases were read by seven persons working full or part-time for the project. All seven readers had some casework experience and in the aggregate, 182 years' experience in the child care field. Six of the seven readers held either a master's degree in social work or the equivalent. The training and experience of the readers are summarized below.

Danica Adjemovitch, M.S.W., Columbia University, School of Social Work. Miss Adjemovitch has held various positions in international social work programs for the past 30 years; most recently she was associated with International Social Service, American Branch, Inc. (now called Travelers Aid).

Jennie Berman, M.S.W., Pennsylvania School of Social Work (Advanced Curriculum) and C.S.W. Until her retirement in 1974 Ms. Berman had been a caseworker and caseworker supervisor for various organizations in the New York metropolitan area for 45 years. Her most recent position was with the Jewish Child Care Association, where she was a Senior Caseworker.

Helen W. Hallinan, M.S.S.W., Fordham University, School of Social Work. Until her retirement in 1974, Miss Hallinan had worked 41 years as a caseworker, supervisor, and administrator for various public and voluntary agencies in New York City. Immediately prior to her retirement Miss Hallinan was Principal Consultant (Children's Services), State Department of Social Services.

Eva M. Russo, A.B., Antioch College. Ms. Russo has worked under supervision as a case aide but her primary experience in the child care field has been as a research assistant in the Child Welfare Research Program of the Columbia University School of Social Work, and more recently at the Child Welfare League. She has worked on these projects either part or full-time for 10 years.

Edith M. Seligson, M.S., Sociology/Criminal Justice, Long Island University. Mrs. Seligson worked for three years as a caseworker in Nassau County.

Bobbette Stubbs, A.M., New York University, Graduate School of Social Work. Ms. Stubbs has held a variety of positions during her 19 years of service in the child welfare field; she has worked as a caseworker and has held supervisory positions in the New York City Department of Social Services, Bureau of Child Welfare, and has most recently worked with the Citizens Committee for Children, Inc., as Senior Child Welfare Associate.

Mildred K. Wagle, M.S.S.A., University of Pittsburgh, and A.C.S.W. Miss Wagle had extensive casework and administrative experience throughout the eastern U.S. prior to becoming Director of Mental Health Activities for the Family Service Association of America. She retired from full-time work in 1971 after 34 years of work in social welfare; Miss Wagle is still active as a consultant to various organizations.

Training the Case Readers. Although the readers all had casework experience, it was necessary that they develop a common frame of reference for making decisions about the appropriateness of the particular placements. Accordingly, three full days were allotted to training, including study and discussion of the criteria for placement and alternatives to foster care and the case reading schedule. In order to insure the consistent use of the schedule, notes were kept on the points of clarification; these notes were typed and reproduced so each reader would have a copy.

Classification of Institutions. An important part of these "notes on the use of the schedule" was the classification of institutions as General (congregate care for all categories of children), Residential Treatment--Type A (residential care for the mildly to moderately disturbed), Residential Treatment--Type B (residential care for the severely disturbed), and Institutions for the Retarded (residential care for retarded children who may also be emotionally disturbed), and the classification of group homes and group residences. This classification was important as a guide for deciding whether the children were in the appropriate placement. Our classification of institutions is based on the descriptions of the programs, services and categories of children served from the Schedule A--Agreement for the Provision of Child Care Services. The classification follows:

TEMPORARY INSTITUTIONS

Arverne Center
Children's Center
Divine Providence Shelter
Hebrew Children's Home
Jennings Hall
McMahon Memorial Shelter
Mercy Home for Children
New York Foundling Hospital
Queensboro Society for the Prevention of Cruelty to Children
Saint Barnabas House

GENERAL INSTITUTIONS

Abbott House
Andrus Children's Home
Big Brothers
Brooklyn Home for Children
Cardinal Hayes Home for Children
Cardinal McCloskey School and Home
Graham Home for Children
Greer Children's Community
Greer Susquehanna
Hillcrest Center for Children
Jennie Clarkson Home for Children
Lakeside School
Leake and Watts Children's Home
Lt. Joseph P. Kennedy, Jr. Home
Lincoln Hall
Little Flower Children's Services
Madonna Heights School for Girls
Mission of the Immaculate Virgin
Norwegian Home for Children
Ottilie Home for Children
Pius XII School - Chester Campus
St. Agatha's Home for Children
St. Agnes's Home and School
St. Cabrini's Home
St. Christopher's Home (Long Island)
St. Christopher's School (Dobbs Ferry)
St. Dominic's Home
St. John's Home
St. Joseph's Home of Peekskill
St. Mary's-in-the-Field
St. Mary's of the Angels Home
St. Michael's Home
St. Peter's School
St. Vincent's Hall
Villa Loretto[2]
Wayside Home School for Girls
Woodycrest - Five Points Child Care

RESIDENTIAL TREATMENT - TYPE A

Children's Village
Green Chimneys
Hawthorne-Cedar Knolls
Pius XII - Holy Cross Campus
Pleasantville Cottage School
Wiltwyck School

RESIDENTIAL TREATMENT - TYPE B

Astor Home
Blueberry, Inc.
Childville
Ittleson Center for Child Research
Linden Hill School

INSTITUTIONS FOR THE RETARDED

Edenwald School
Maimonides Residential Centers (2)

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[2] Closed as of July 1975.

Some facilities listed as general institutions are already providing the equivalent of residential treatment services for 10 to 40 percent of the children in residence. Special educational and treatment facilities have been developed and some of the children live in cottages as opposed to dormitory settings. The programs and services that have been introduced, plus the more open intake criteria at some institutions, have made it possible for many "hard-to-place" adolescents to receive services.

Other Foster Care Programs. The vast majority of children in foster care are not in institutional settings but in foster homes, that is, the child is cared for in a family setting. The list of agencies with foster home and/or agency-operated boarding home programs includes:

FOSTER HOME AND/OR AGENCY-OPERATED BOARDING HOME PROGRAMS

Abbott House
Astor Home
Angel Guardian Home
Brooklyn Bureau of Community Service
Brooklyn Home for Children
Brookwood Child Care
Cardinal Hayes Home for Children
Cardinal McCloskey School and Home
Catholic Guardian Society of Brooklyn
Catholic Guardian Society of New York
Catholic Home Bureau
Children's Aid Society of New York
Children's Village
Edwin Gould Services for Children
Graham Home for Children
Greer Children's Services
Harlem Dowling Children's Services
Inwood House
Jennie Clarkson Home for Children
Jewish Child Care Association
Kennedy Child Care Center
Leake and Watts Children's Home
Lt. Joseph P. Kennedy, Jr. Home
Little Flower Children's Services
Louise Wise Services
Lutheran Community Services
Madonna Heights School for Girls
McMahon Memorial Shelter
Mishkon B'nai Yisroel
Mission of the Immaculate Virgin
New York Foundling Hospital
Ohel Children's Services
Pius XII School
Riverdale Children's Association
St. Agatha Home for Children
St. Agnes's Home and School
St. Cabrini Home, Inc.
St. Christopher's Home
St. Christopher's School
St. Dominic's Home
St. John's Residence for Boys
St. Joseph's Children's Services
St. Joseph's Home of Peekskill
St. Mary's-in-the-Field
St. Mary of the Angels Home
St. Michael's Home
St. Vincent's Hall, Inc.
Salvation Army Foster Home and Adoption Service
Sheltering Arms Children's Services
Society for Seamen's Children
Special Services for Children
Speedwell Services for Children
Spence-Chapin Adoption Services
Talbot Perkins Children's Service
Wiltwyck School
Windham Child Care

About seven to eight percent of the children in foster care reside in small congregate settings called group homes and group residences. These programs primarily serve school-aged children. The following agencies operate group homes and/or group residences:

GROUP HOMES AND/OR GROUP RESIDENCES

Abbott House
Argus Youth Services, Inc.
Astor Home for Children
Blueberry, Inc.
Brooklyn Society for the Prevention of Cruelty to Children
Brookwood Child Care
Cardinal Hayes Home for Children
Cardinal McCloskey School and Home
Catholic Guardian Society of Brooklyn
Catholic Guardian Society of New York
Catholic Home Bureau
Children's Village
Covenant House
Edwin Gould Services for Children
Friendly Homes, Inc.
Girls Town of Florence Crittendon League
Graham Home for Children
Greer Children's Community
Henry Street Settlement Children's Services, Inc.
Hillcrest Center for Children
Jennie Clarkson Home for Children
Jewish Board of Guardians
Jewish Child Care Association
Lakeside School
Leake and Watts Children's Home
Lexington School for the Deaf
Lt. Joseph P. Kennedy, Jr. Home
Lincoln Hall
Little Flower Children's Services
Louise Wise Services
Lutheran Community Services
Madonna Heights School for Girls
Martin De Porres
McMahon Memorial Shelter
Mission of the Immaculate Virgin
New York Foundling Hospital
Ohel Children's Services
Pius XII School
Riverdale Children's Association
St. Agatha Home for Children
St. Agnes's Home and School for Children
St. Barnabas House
St. Cabrini Home, Inc.
St. Christopher's Home - Sea Cliff
St. Dominic's Home
St. Germaine's Home
St. John's Residence for Boys
St. Joseph's Children's Services
St. Joseph's Home of Peekskill
St. Mary's-in-the-Field
St. Michael's Home
St. Peter's School
St. Vincent's Hall
Salvation Army Foster Home and Adoption Service
Sheltering Arms Children's Services
Sisters of the Good Shepherd Residences
Special Services for Children
Speedwell Services for Children
Wiltwyck School
Windham Child Care

The Sample. According to the New York City Department of Social Services, there were 28,600 children in foster care as of December 31, 1974, including 24,910 in the care of voluntary agencies and 3,690 in the care of public agencies. An additional 222 children were in secure detention and 38 children were in non-secure detention at that time.[3] It is our view that these

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[3] New York City, Department of Social Services, Bureau of Institutions and Facilities.

260 children, plus 870 children at home awaiting placement,[3] should be included in a comprehensive study of foster care needs. This brings the target population to 29,730. The sample for the case reading was drawn to reflect this group.[4]

No single list of the 28,600 New York City children in foster care exists from which a sample could be drawn. There are many lists; in effect, one for each program. Furthermore, sampling from the lists is complicated by the fact that additions and deletions are constantly taking place, as well as changes from active to suspended payment status. To have drawn the sample from these boxes of 3" x 5" cards would have created severe logistical problems for the project.

Fortunately, the Child Welfare Information System (CWIS) does have magnetic computer tapes presumably listing all children in active care under voluntary auspices with the exception of slightly over 600 children -- most of whom are in temporary shelters. A comparison of the demographic features of the children listed in CWIS and in the BCW census shows the CWIS list to be highly representative of the foster care population. Therefore, the five percent sample of children in voluntary agencies was drawn mechanically from the CWIS tape of children in active care status October 31, 1974, starting with the 14th child and proceeding 34, 54, 74, etc. A total sample of 1,103 children was obtained.

The sample of children in the care of public agencies was drawn either from the rosters of the facilities (e.g., Children's Center) or from the 3" x 5" cards for a program (e.g., the Foster Home Division). The procedure was to select every 20th child in care the day the list was drawn: this yielded a total sample of 180 children in public agencies. The same procedure was used to obtain the sample of children in secure detention, non-secure detention, and at home awaiting placement; the resulting sample sizes were 11, 2, and 41, respectively.

In addition to these major components of the sample three voluntary agency programs not reporting to the CWIS program -- Geller House, the Euphrasian Residence, and Maimonides Residential Center -- were added to the sample since they represent highly specialized types of facilities that would otherwise have been seriously underrepresented in the sample. A total of 13 children were included from these programs.

The sample drawn, therefore, included 1,116 children in the care of voluntary agencies, 180 children in public agencies, 14 children in either secure or non-secure detention, and 41 children at home awaiting placement, for a total sample of 1,355 children. Of these, 1,249 cases (92.2%) were read and were usable. Of the 106 cases either not read or not usable, the

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3/ New York City, Department of Social Services, Allocation Section of the Division of Inter-Agency Relationships.

4/ Children awaiting placement in the psychiatric units of city hospitals and children on probation are also important components of the estimate; these groups are discussed below.

overwhelming majority (70) of the children had already been discharged.[5/] Twelve of the records were read, but did not yield usable data; 11 children's adoptions had been finalized (the records were not available to read); and another 13 records were not read because the record was in court or could not be found, or the child was not a New York City ward.

Since the purpose of a random selection is to provide a sample that is representative of the target population, in the tables below we compare the percentages of children with certain demographic characteristics and in various types of placements with the percentage breakdowns shown in various enumerations of the foster care population. The tables appear on the following page.

Inspection of these percentage breakdowns indicates that the study sample is representative of the foster care populations enumerated by three independent sources in almost all respects. The religious and ethnic distributions are virtually identical. The age distribution is similar except in the 0-3 group which is lower than BCW but almost identical to CWIS.

The only anomaly in these distributions is the institutional population which the study sample shows as 19.5 percent, the New York State Department of Social Services as 20.6 percent, and the Bureau of Child Welfare as 25.7 percent. After having carefully checked these figures, we conjecture that the discrepancy lies with the classification of the children on suspended payment. Unfortunately, the Program and Rates Analysis Office's records do not show the type of care children on suspended payment came from. Neither do they show a total for children on suspended payment. They do, however, consider the CWIS figure for suspended payment (1,942) too high. One must also note the large percentage of children classified by the New York State Department of Social Services as being "In Elsewhere." This represents a conglomeration of children who are at home on trial discharge, have absconded, or are in the hospital (that is what BCW calls suspended payment), and other. In any case, it would appear that there are fewer than 28,600 children in active care status. What is not clear is whether the number is 28,000 or as low as 25,000. It goes without saying that it would be helpful if the official agencies involved could clarify the situation in the statistical data published in the future.

5/ If a child had been discharged prior to the date the sample was drawn (i.e., Oct. 31, 1974 in case of children in voluntary agencies), the record was not read since we wanted the children to be representative of children actually in care.

COMPARISON OF THE STUDY SAMPLE TO VARIOUS
ENUMERATIONS OF THE FOSTER CARE POPULATION

	Study Sample 1/	BCW 12/31/74 2/	CWIS 1/31/75 3/	State 12/31/74 4/
Religion				
Catholic	47.8	49.7	Not reported	Not reported
Protestant	44.5	46.3		
Jewish	4.9	4.0		
Other/unknown	2.8	--		
Total Number	1,249	28,600		
Ethnic Group				
White (non-Hispanic)	20.3	20.7	20.4	Not reported
Black and other	54.8	54.1	51.7	
Hispanic	24.9	25.2	27.9	
Total Number	1,249	28,600	20,628	
Age				
0-3	7.4	9.8 5/	7.2 5/	Not reported
3-6	13.2	12.9	12.2	
6-12	34.4	35.2	35.8	
12 and over	45.0	42.1	44.8	
Total Number	1,249	28,600	20,628	
Sex				
Male	53.9	57.5	57.4	Not reported
Female	46.1	42.5	42.6	
Total Number	1,249	28,600	20,628	
Type of Care				
Foster home	65.8	64.9	6/	61.4
Agency-op. bdg. home	1.0	1.2		1.1
Group home/residence	7.8	8.2		6.1
Institutions	19.5	25.7		20.6
Suspended payment	5.0	--		--
In elsewhere	0.9	--		10.8
Total Number	1,203	28,600		28,204

1/ Includes children in detention programs and at home awaiting placement except in the classification by type of care.

2/ New York City, Dept. of Social Services, Bureau of Child Welfare.

3/ Child Welfare Information System.

4/ New York State, Dept. of Social Services.

5/ 20% of the 2-6 totals were added to the 0-2 total to make the 0-3 total.

6/ Breakdowns by type of care not available.

Case Reading Procedures. The case reading took place from December 1974 through March 1975. The basic steps in the procedure were for the senior research associate first to obtain the necessary clearances from federation and/or direct care agency officials, to send the computer printouts, giving the BCW number, the CWIS I.D. name (but not the child's name), the child's birthdate, and sex to the federation (or directly to the agency), and then to make specific scheduling and procedural arrangements.

It is important to note the tremendous cooperation the study staff received from the voluntary and public agencies alike. After being provided with authorization by the New York State Board of Social Welfare to allow the readers access to the records and with a brief explanation of the purposes of the study, the agencies, almost without exception, made their records available in a timely fashion. Space was made available for the readers, and they were treated courteously. Many direct care agencies transported the needed records from their offices to their federation or from an upstate campus to their city offices. Without this excellent cooperation it would not have been possible to finish the case reading on schedule.

Once at an agency the readers signed out the case records from authorized agency personnel and gave that person a receipt for the records, which were then read in a room or area set aside specifically for the case reading. At the end of the day the records were signed in and one reader received a receipt for them.

To protect the confidentiality of the records, the children's names were not written on the records, and their BCW numbers were written only on a face sheet which was separated from the schedule once the schedule had been checked for completeness and clarity. Readers were instructed not to discuss the records except to clarify points needed to complete the schedule.

Although there was considerable variation in the amount of time needed to read the records (due to length and clarity of them), the readers were able to read about four records per day.

Weekly meetings were held with the case readers for several purposes. The readers brought in completed schedules, picked up blank schedules, and received assignments and directions for the next week. The meeting also provided a forum for substantive discussion of the kinds of issues that were arising in the cases and the implications of these points for the criteria. Additionally, about two-thirds of the time was devoted to reliability checks (which will be discussed separately) and filling in blanks or clarifying points in schedules turned in the previous week.6/

Reliability. A 10-percent sample of records was read a second time for reliability purposes. The records to be checked were chosen randomly and the readers rotated checking each other, so that each reader did a reli-

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6/ The research associate and senior research associate on the project took turns checking each schedule for completeness and for ambiguities.

ability check with every other reader 10 to 12 times. The readers compared decisions on the two major questions they were asked to judge: (1) Was the initial placement appropriate? and (2) Is the current placement appropriate? Reliability checks were made on 118 cases with respect to the initial judgments; the readers were in precise agreement in 77 of the cases (65.3%) as to the appropriate type of placement, if any. In another 15 cases the readers disagreed slightly (e.g., one said temporary foster home and the other said regular foster home). Taking this less restrictive view, the reliability figure for the initial placement becomes 78 percent. The readers were in precise agreement as to the appropriate current placement in 85 of the 114 cases reviewed (74.6%) and in seven cases the disagreement between the readers was only slight, so that the percentage of agreement becomes 80.7 percent. This is an acceptable level of agreement for complex judgments.

The cases where the differences were more than slight were generally marked by records which were either skimpy and vague or so voluminous that the essentials were difficult to grasp. In either event, the two case readers checked their notes and after some discussion were able to agree on a judgment in all but two cases. These two cases were omitted from the tabulation of the data.

It should be noted that the readers found the case records in generally good condition; however, data on the natural family and the circumstances surrounding the initial placement were sometimes hazy or missing. More complete information on these points would have undoubtedly boosted the percentage of agreement.

Coding. As mentioned earlier, the completed schedules were checked by either the research associate or senior research associate for any necessary clarification and missing information. The "edited" schedules were then coded by Center staff. Two technical notes about the coding are in order. First, medical status, psychiatric problems, and behavior patterns were converted from checklists (in which multiple checks were permitted) to summary measures. The data were combined in such as way as to convey the severity of the child's problems. Dealing with the items checked or information provided with respect to the psychiatric or psychological report was particularly difficult because of the apparent reluctance of the people who made the diagnoses appearing in the case records to use the diagnostic categories of the American Psychiatric Association (upon which our list was based). Further, we put an arbitrary ceiling of three specific categories on the psychiatric diagnosis, behavior reported, and secondary reasons for placement. This procedure was sufficient to handle all items checked on 95 percent of the cases. Where four or more items were listed, the research associate made a judgment as to which three to include based on the relative salience of the behavior in the total picture.

Children on Probation

Children under the supervision of the New York City Department of Probation constitute a large group of children who may need foster care. These children are currently in their own homes. We enlisted the cooperation of the New York City Department of Probation in order to estimate the total number of children on probation who need foster care placement. Each probation officer was asked to estimate how many of the children in his caseload should be in foster placement on the basis of his knowledge of the children in his caseload and the summary of criteria for placement and alternatives to foster care used in the study. They were asked how many services (e.g., child guidance and alternate schools) they thought would be needed by the children who should actually be at home. They were asked to decide how many of the children who they thought needed foster placement should be in each specific type of care (e.g., group homes and residential treatment--type A). Finally, they were asked how many children should be placed with the Division for Youth or with the Department of Mental Hygiene.

Questionnaires were completed during April 1975 by all 43 of the probation officers supervising children. A total of 1,921 children were assigned to these workers at that time. This may slightly understate the number of children actually supervised by probation since some caseloads have not been reassigned after staff cutbacks.

While this methodology used for children on probation is rough, the results obtained seem reasonable, that is, they conform more or less to what one would expect about the needs of this type of child. Most of the children on probation are 12 to 17 years of age.

Children Released from Hospital Psychiatric Facilities

In order to get some idea of the number and types of facilities in the foster care system which would be needed to accommodate children and adolescents discharged from psychiatric hospitals, it was decided to interview members of the staffs of six psychiatric hospitals serving children from New York City. The hospitals included Bellevue, Kings County, Creedmore, Bronx State, Hillside, and New York State Psychiatric Institute. While this list does not exhaust the psychiatric facilities serving children in New York City, it does, we believe, cover the great majority. Each of the staff members who were interviewed was told of the nature of the study and the information we hoped to collect and, in most cases, a summary of the criteria for the placement of children was provided prior to the interview.

The data collected were, for the most part, impressionistic. That is, we did not ask the hospitals to do counts of patients with various characteristics but rather to provide us with their impressions of the children they serve and their needs. In a number of cases, however, exact figures in terms of discharge and recommendations were provided.

The data collected included information on the patient populations in terms of age, sex, ethnic breakdown, average length of stay in the hospital, total number of patients served in a year, bed capacity, current dispositions of cases upon discharge (over the last year) and the preferred disposition of the children.

It should be noted that there are gaps in the information which we collected. First, in one of the larger hospitals, disposition of 30 percent of the 112 cases was unknown since the cases had been returned to family court. These cases were eliminated from the current placement, but not from the preferred. Second, while at-home services are often recommended, there is no telling if they are actually received. Thus, referral may be made for services at home, upon discharge, but the number who actually receive such services is unknown. In addition, not all possible services were discussed at all the hospitals. Often the discussion focused on the most critical needs and gaps in the service delivery system as the staff saw them. Because of the above problems with the collection of data for services to the child if he or she is returning home, these estimates are probably much less accurate than the estimates of placement needs.

In a number of cases, the person to whom we spoke felt that some extra program component should be added to a placement facility if it was truly to meet the needs of the population his facility served. Thus, at one hospital it was felt that in order for a residential treatment--type A to be appropriate, it had to have a strong vocational component in order to meet the needs of the older teen-aged population. In such instances, however, the response was recorded as residential treatment--type A.

Finally, on two occasions, the person being interviewed was not able to break down into exact categories the current disposition of cases. For example, at one hospital the person interviewed reported that 90 percent of the children are returned home, five percent go into residential treatment--type A, and the remaining five percent (5 cases) go into some other form of foster care. In such cases, we have estimated the disposition of these five cases based on the discussion at the hospital and his knowledge of the foster care system.

Despite these limitations, the data provide at least an approximation of the needs of children who are discharged from psychiatric units of hospitals. It should be noted, however, that (1) because all hospitals with psychiatric beds for children and adolescents were not covered, the figures probably somewhat underestimate the needs for foster care facilities; (2) because the disposition of over 100 cases could not be reported, the figures may somewhat overestimate the needs for foster care facilities; (3) similarly, because of the missing data, the decline in the number of beds in certain facilities (i.e., state training schools) may be underestimated; and (4) the needs for at-home services are not very accurate in terms of numbers, but reflect the concerns of the people we talked to -- namely, that there is a dearth of special education programs and a need for greater follow-up through counseling for the child who has been released from the hospital.

Summary of Selected Cases of Children Inappropriately Placed

A. Children Who Should Be in Own Home

1. Puerto Rican, male child currently aged 13 was placed in a General Institution two and a half years ago. Placement was precipitated when his mother, who showed some signs of emotional disturbance, was finding it

difficult to cope with her large family and was evicted from her apartment. The family is described as closely knit and the five children seemed very well cared for.

The record was not clear as to the reason the family was evicted, since the mother was receiving public assistance. The mother is described as an hysterical character, but was not psychotic and was receiving help from a mental health center. Mother and children were devoted to each other and closely tied. All of the siblings have refused placement to foster home because of their close ties to mother and longing to be home.

The child's behavior has been described as normal throughout the placement and the psychiatric diagnosis also describes him as normal. The mother's condition during placement has deteriorated somewhat since the placement of the child, apparently as a result of the child's being away from her.

The case reader felt that at the time of placement and currently, the family could have stayed together with the proper supports including assistance with housing, homemaker service, the use of a comprehensive family service center, and perhaps an after-school recreation program.

2. Puerto Rican, Catholic, female child, aged 8, who was placed five months ago in a general institution. Dictation from agency worker states, "Mrs. ___ stated that she requested placement of her children because of the atrocious conditions in the apartment ... combined with her feelings of desperation resulting from the fact that no public agency appeared willing or able to help.... The combination of the atrocious living conditions and the children's behavior made Mrs. ___ frantic, causing her to abandon her children in the BCW office. The action was essentially a plea for help."

It is important to note that a number of agencies were aware of the pressure on this mother prior to the point of crisis. A letter in the record from a community mental health clinic to protective services states: " ... the conditions of her apartment were below any minimum standards. The apartment was dilapidated and drenched by polluted water from the bathroom of the upper-level apartment. Mrs. ___ stated that she had been going from agency to agency soliciting and seeking help, and no one has given her any positive solution to her problem. Since we do not have any control over her financial and housing necessities, we want you to be on the alert, so you can start procedures for helping her in solving her very real pressures."

Since the four children have been in placement, Mrs. ___ is described as a concerned mother who is eager to plan for her child and who has been extremely cooperative in working with the agency. The children are in good physical shape although the study child is mildly retarded, has had learning difficulties in school, and is hyperactive.

The case reader felt that this family could have been kept together had assistance with housing been secured, welfare advocacy taken up for the mother, an alternate school secured for the study child, counselling for the mother provided through a comprehensive family service center, and perhaps a homemaker engaged to help in the interim.

3. White, Catholic, male child currently aged 16 was placed in a general institution eight months ago. The major reason for placement was that the child had been adjudicated PINS due to excessive truancy. The mother, currently widowed, had been separated from the child's father for 14 years. She was in poor health and had serious financial problems. She was having difficulty in meeting the child's emotional and material needs because of her many problems. She and the child are closely tied, and both strongly resisted placement.

The child became known to the court in 1972 because of chronic truancy. He was paroled to his mother and repeated court reviews revealed continuation of the school problem. The child was working to supplement the mother's income from public assistance. The original psychiatric examination indicated that the basis for truancy was the child's concern about the mother's financial distress and his emotional need to work and help support her. The probation officer noted that the child had no suitable clothing for school. After two years of court hearings because of chronic truancy, the child was placed in a general institution. The child continues to resist placement and has run away from the institution and has had conflicts with institutional staff.

The case reader felt that this child could have remained at home had a series of supports been provided, including financial assistance, counselling, an alternate school program with a vocational component, and perhaps a recreation program with a strong male figure present.

4. Black, Protestant, female child, currently aged 8, and her siblings were placed five years ago because of their mother's temporary physical illness. Although a homemaker was urged by the hospital and BCW worker, none was secured. The plan for a homemaker was supported by both the mother and the child's father. The children who entered care were problem-free and were a close-knit group with strong attachment to the mother, who opposed placement initially and subsequently.

The placement, according to the reader, called into question the mother's competence. She developed various physical problems and resorted to weekend drinking. The child was eventually placed in a New Jersey foster home, making it extremely difficult for the mother to visit. This increased the mother's depression. Eventually, the children were all placed with a "domineering" great aunt (whose only income was the board rate paid for the children). The mother's self-respect was further injured by this. This great aunt continues to want placement for the children. The mother is seen as responsive to help, and is currently caring adequately for the two youngest children at home. She and the children all want to be reunited.

It was felt that initial placement could have been avoided had a homemaker been found for these children and assistance with housing secured. Some counselling might also have been needed. It is also felt that, with the same services provided, the children could currently be home with their mother.

B. Children Who Should Be Adopted

1. Black, Protestant female child, currently aged 12, who was surrendered at birth. The child has no physical problems and is seen as normal by a psychiatrist. The behavior reports indicate a problem-free child. Mother was unmarried, working as a domestic at time of placement. Alleged father's whereabout were unknown. Currently, mother's whereabouts are unknown.

Because of the fact that no adoptive home was available for this child, according to the agency, the child was placed in a foster home. When the child was six, foster parents were planning to adopt. However, the foster mother died suddenly and plans for adoption were halted. Foster father subsequently remarried, but his behavior deteriorated (he became an alcoholic). Foster father's new wife attempted to hold the family together.

The foster parents decided to move to the South, requiring that the child be placed in another foster home. The agency hopes that the current foster home may become an adoptive home.

The case reader felt that this was a normal child who should have been adopted years ago.

2. White, Catholic male child, currently aged 7. Child was court committed during his first year of life as a neglected child, following the death of an older half-sibling. Parents had been accused but acquitted on a homicide charge.

The infant was placed in a temporary care institution by court order following the arrest of the father. After one and a half years and the end of the legal problems, the child was placed in the present foster home. The child's situation was evaluated and adoption was recommended in 1971. The foster parents are eager to adopt. The natural mother is currently diagnosed as paranoid. The natural father is diagnosed as sociopathic. Both parents were willing to sign surrender of the child. Surrender, however, was not taken at that time because, a memo in the record dated 8/73 states: "Since this is a direct commitment from the court to the [agency name], we will not be reimbursed if he is surrendered unless we have an extension of placement from the court until the adoption is completed." Surrender of the child has still not taken place.

The case reader felt that the child should have been adopted a number of years ago.

3. Female, Catholic, Puerto Rican child, currently aged 12. Child was placed at birth, since mother was confined to a state mental hospital. There were no relatives able to plan for the child. The hospital advised agency that at this time it was doubtful that the mother would ever be able to care for the child. Throughout placement, child has been described as normal both physically and emotionally.

The child has been in two foster home placements. Both sets of foster parents have expressed a desire to adopt. The mother continues at a state mental hospital.

In the opinion of the case reader, the child should have been adopted.

4. Black, Protestant, male child, aged 13, was abandoned by mother during first year of life. The mother, who was unmarried and diagnosed as schizophrenic, left the child with an unrelated individual who requested placement for the child. The child was initially placed in a general institution for a period of one year, and subsequently in a foster home where he has remained since. There has been no contact with the mother since 1964.

No steps were taken to free the child for adoption until 1974. The foster parents are willing to adopt and plan to do so as soon as the child is legally freed. The child has no physical problems and his behavior during placement has always been reported as normal. The child is completely integrated into this foster family and has used his foster parents' name for many years.

The case reader believed this child should have been freed many years ago and adopted by the foster parents, who were and still are willing to adopt.

5. Black, Protestant, male child currently aged 14, was placed from the hospital directly after mother gave birth. The child was immediately viewed as highly adoptable, and a temporary foster home was secured pending legal action to free child.

Initial foster parents have remained this child's foster parents since birth. In the record, it is stated that the reason the child was never referred for adoption was that the agency had promised the foster mother that she would never have to give up the child. It is evident that this is a good foster home. They have obviously given the child excellent and loving care. However, they stated from the beginning that they would not consider adoption, because their primary concern was for their own, older children.

The child has been legally freed since 1969. The child is described as bright, intelligent, and functioning very well. He is also seen as a very attractive child, whose chances for adoption were good.

In the case reader's opinion, this child should have been adopted many years ago, either by his current foster family or by an adoptive family when he was younger.

6. Black, Protestant, male, currently aged 12, was surrendered at birth by his mother. He was placed appropriately in a foster boarding home pending adoption. There has been no contact at all with the family.

Because this infant tested less than five percent "sickling" (sickle cell anemia) agency did not look for an adoptive placement. At age nine months, child was placed in a long-term foster home. This family was ambivalent about adopting the child, and often used the possibility of adoption as a weapon to control the child's behavior. The record indicates that he was a bright, attractive little boy. The sickling cleared up in a year.

However, during the last two years, the child's behavior has deteriorated substantially. He has acted out in the home, and has had numerous conflicts with his foster parents. He has stolen from them and has also had difficulty in school. For two years, the agency sought a placement for the child in a residential treatment center, but he was not accepted due to the lack of vacancies, his age, etc. Seven agencies rejected this child who has become quite disturbed and now may have underlying psychotic processes. Finally, at the point of the study (10/74) the child was transferred to a group residence.

The case reader felt that this was a boy who should have been adopted in his infancy, or at least after the sickling had cleared up. At this point, however, the child is too disturbed for such a placement, and should be in a residential treatment center.

C. Children Needing Group Homes and Group Residences

1. Male, Catholic, Puerto Rican child, currently aged 16, was placed four years ago on a neglect petition. The court ordered placement for this child and his siblings because of gross neglect, and the fact that his mother was very rejecting of the children, especially the older ones. Her main interest centered on the father of the younger children, who is in jail on murder charges, whom she visits regularly (more regularly than she visits children in care). All of the children were placed in a general institution.

The child was tested as being borderline retarded, but it was felt that his potential is much higher, that he tested at the retarded level simply because of cultural deprivation. At the time of placement the child was having some difficulties in school. However, he is presently described as being normal, and is very conscientious. He has assumed a parental role in terms of his siblings in placement.

It was felt that although the child has made a fair adjustment in the institution, is now doing well at school and has built up a position for himself where he is given some attention in the institution, he could have made greater progress if he had been in a group home with his siblings and had more opportunity for community participation. Because he is 16 and also because he is dedicated to his brothers and sisters, the reader feels a group home would be most appropriate at this time.

2. Male, white, Catholic child, currently aged 17, who has been in placement for 14 years. All placements during this period have been in general institutions, except for a short period which he spent in a foster home. The major reason for the placement was his mother's emotional prob-

lems. She was described as being overwhelmed by the material problems which she faced. It was felt, however, that the initial placement could have been avoided if the proper supports had been provided to this mother.

Over the years, the mother's interest in the child has decreased. Visiting, which was regular at the beginning of placement, has diminished. It seems that discharge to her is not possible, as her problems are continuing.

The child has no physical problems, and when seen by a psychologist recently was diagnosed as normal, both intellectually and emotionally. His behavior is also seen as normal. He has shown some signs of overanxiousness.

The case reader felt that, because of his age, this child should be in a group home which would allow for increased contact with the community. The record indicates that this child could benefit from a smaller, more family-like setting.

3. Male, black, Catholic child currently aged 20, who is attending college is currently placed in a general institution. The child has been in placement 13 years, and has had five different placements during this time, most of which were in institutions. The major reason for placement was a neglect petition brought against the mother. The mother, who was a prostitute, severely neglected him. It was felt at the time of placement that the child should have been placed in a foster home.

The young man is currently in a "graduate cottage" in the general institution. He attends college in the community. His behavior is currently described as normal. There has been no psychological or psychiatric examination in over five years.

The case reader felt that this young man, who will soon be off the city bill, needs an experience where he can function independently rather than within the protected environment of an institution. A group residence, in the community, would better prepare him for independent living.

4. Male, Puerto Rican, Catholic child currently aged 14 has been in placement two years in this cycle. The major reason for placement was that he was adjudicated PINS because of behavior which his mother could not handle. This petition was later changed to a voluntary commitment and the child was placed in this general institution. The child was neglected as an infant and spent the first four years of his life in a foster home.

The child has no physical problems, but at the time of placement was seen as immature, hyperactive, and having behavior difficulties. He was having trouble in school, and had been stealing. Currently, his behavior is reported as normal and the most recent psychiatric reports a problem-free child.

It was felt that because of this child's age, and his mother's strong rejection of him, that a group home would be the appropriate placement, rather than the large congregate institution in which he currently resides.

D. Children in Need of Residential Treatment

1. Black, Catholic, female child, currently aged 16, who was placed at the age of 10 with one sibling in a general institution. The primary reason for placement was the mother's unwillingness to care for the child. The mother, who was divorced from the child's father, is described as being very immature, rejecting of the parental role, and having no capacity for parenting.

At the point of placement when the child was 10, she was described by the psychiatrist as normal, although she was having difficulty in school and was exhibiting some acting-out behavior. The case reader felt that the appropriate placement at this point would have been a foster home.

In recent years the child's behavior has deteriorated. When seen by a psychiatrist in 1971, she was diagnosed as having an "unsocialized aggressive reaction" as well as a "hyperkinetic reaction." The psychiatrist also noted that she had a "poor self-image" and was "sad." Her behavior has deteriorated even further and she is currently described as having difficulties in school, acting out, running away, stealing, having conflicts with institutional personnel, getting into trouble because of sexual behavior, hyperactivity, and drinking. Although therapy has been recommended, the record states that "there was no therapist available."

Recommendation by the case reader is for residential treatment--Type A.

2. Puerto Rican, Catholic, male child currently aged 15, was placed at the age of 10 with one sibling in a general institution. The primary reason for placement was seen as the child's emotional problems. There were parent-child conflicts present, and the mother and stepfather were unwilling to continue care. The child is epileptic. From the point of initial placement, the child showed signs of severe disturbance. At the time of placement he was diagnosed as schizophrenic, as showing paranoid thinking, and as being unsocialized. He was acting out, having difficulties in school. His affect was inappropriate and there was evidence of hallucinations. He also exhibited some phobic behavior.

Currently, his behavior has deteriorated even further. The child no longer speaks or responds to verbal stimuli. He is presently living in a carton, where he eats, sleeps, etc. His behavior is very primitive and infantile. He is still hallucinating, and the phobias continue. He is not attending school. At times the child acts out, while at other times he is withdrawn.

Appropriate placement at the time of placement was seen as a temporary diagnostic facility, since the child was already exhibiting disturbed behavior. Currently, the appropriate placement is seen as a residential treatment center--type B.

3. Black, Protestant, male child, currently 10 years old, was placed in foster care at birth by his unwed mother who, at that point, surrendered him for adoption. Child was placed in a foster home pending adoption. No adoptive home was found for this child, and he has remained in the same home for his entire life. The child, it was felt, should have been adopted early in life.

The child currently shows signs of emotional disturbance. When seen by a psychiatrist he was diagnosed as having pervasive anxiety and a very confused identity. The child's behavior reflects his problems. He is currently having difficulty in school, is acting out and hyperactive, and is reported to have a pattern of lying.

The current foster home cannot meet the child's needs and it was felt by the case reader to contribute to his confusion and acting-out behavior. The child is exhibiting many problems, shows a need for a structured, limit-setting environment. Residential treatment--type A is recommended.

4. Black, Protestant, male child, currently 12 years old, was placed in a temporary general institution four months prior to study date. He has been awaiting placement for a residential treatment center. He is normal in terms of intellectual development, but has been diagnosed as schizophrenic. At the time of placement the child was hallucinating, having difficulties in school, was withdrawn and had conflicts with his mother who herself is described as schizophrenic. An original request from school personnel for residential treatment dates from 5/30/72. However, intensive counselling was provided for the child, and the mother continued in an after-care clinic and on medication. Referral had been made to every appropriate agency for residential treatment, with no success. In the interim, the child remained at home, receiving supportive help from a counselling agency and the school social worker.

The child's record does not indicate what eventually precipitated emergency placement in the temporary shelter. The child continues with previous behavior, has been tested and seen by psychiatrists on numerous occasions, all of whom recommend residential treatment. A residential treatment center--type A was and is the preferred placement for this child.

5. Catholic, white male child, currently aged 16, was placed in a general institution three years ago because of his emotional and behavioral problems. At the time of placement, the child was seen as having severe personality disorders. The current diagnosis is a severe unsocialized aggressive reaction. At the time of placement, the child was having difficulties in school and was acting out. He had severe problems with his parents, including stealing and running away from home. The child's behavior problems continue in the form of acting out and having difficulties with the institutional staff. Recently, he attacked another youngster at camp with an axe, threatened his counselor, and threatened to set the camp on fire. He has also been very assaultive with peers and recently knocked a boy down and brutalized his head so badly as to give the other child a concussion which required hospitalization. The child is a danger both to himself and others.

As a young child this boy was brutalized by his father. His problems go back at least to when he was seven years old. He began to steal, truant, show aggressive behavior, and have violent temper outbursts. It is noted throughout the record that he has a low frustration tolerance and when pressed would explode into violent outbursts. At one point during placement, residential treatment was recommended, but nothing was done about it. He was also discharged to his mother because of "aggressive behavior in the institution and extensive destruction of school property." One month later he was returned to the institution.

A residential treatment center--type B was recommended for this child.

6. Male, Catholic, Puerto Rican child currently aged 17, is placed in a general institution. He has been in placement 10 years. The original reason for placement was his mother's emotional problems, which included hospitalizations for depression and attempted suicide. Following placement there was little contact with the mother. The father's whereabouts are unknown.

Since placement in a second general institution, psychiatric help has been offered weekly. His behavior, however, remains quite disturbed and he has been hospitalized for psychiatric reasons. He was dropped from high school recently because of his age, poor attendance, and poor work.

The most recent psychiatric diagnosis is schizophrenia with paranoid features. His acting out has continued, and there is the possibility of drug involvement. There has been one suicide attempt.

The case reader felt that residential treatment--type B would be most appropriate for this child.

E. Children Needing Lifetime Care

1. White, Jewish, female child, currently aged 15, was placed five years ago in an institution for emotionally disturbed, retarded children. The primary reason for the placement was the child's retardation. Her parents are divorced and the father's whereabouts are unknown. There is one sibling in the family who is currently placed in a residential treatment center--type B.

The child has organic brain syndrome, and has very poor coordination. Testing has shown that this child is at the lower end of the moderate retardation classification (I.Q. 38). At the time of placement, the child was having difficulties in special schools, was easily influenced by others, was hyperactive, and displayed inappropriate affect. Recently, these behaviors have continued, and she has begun to act out. She is described as being physically aggressive and violent and is described as being moody. At the time of placement due to the child's retardation and emotional problems as well as her mother's emotional problems, the placement was seen as appropriate.

Currently, while the case reader felt that the placement may be appropriate for some time longer, it was felt that this child, as she gets older, would need care which would continue into her adulthood. Therefore, lifetime care is recommended.

2. Black, Protestant, female child, currently aged 13, was placed 10 years ago because the mother was unwilling to continue care. The mother was seen as having emotional problems of her own, and all of the siblings were placed. The mother is retarded and has had several periods of psychiatric hospitalization. She lives in a migrant labor camp outside New York City.

The child was placed in a foster home when she came into care, and this was thought to be appropriate, despite the fact that the child is moderately retarded (I.Q. 48). She has a speech disability and also has very poor coordination.

Currently, she is also seen as emotionally disturbed. She is having great difficulty in a CRMD class and is described by her teacher as having the lowest level of functioning of any child in this class for the retarded. She is hyperactive and difficult to control. She is alternately described as being passive and self-effacing on the one hand, and rebellious, provocative and needing constant supervision on the other.

She is currently in a foster home, which is thought to be inadequate for this child's needs. The foster mother is 60 years old, and when her husband died a few months ago had to give up her apartment because of financial pressures. The child and foster mother currently live with the foster mother's sister.

In terms of the future, the agency is thinking in terms of a sheltered workshop. However, because of the deterioration in her behavior and her increasing emotional problems, the case reader felt that this child would need a sheltered living arrangement. The recommendation is for lifetime care outside the foster care system, since the child would need help throughout her adult life.

Summary of Selected Cases of Children Appropriately Placed

A. Cases Where Relatives Have Become Foster Parents

1. Male, white, Catholic, currently aged 17, who has been in the same foster home since his mother's death in 1972. Mother died of brain cancer in 3/72. Mother and father had been separated for some time. At the time of the mother's death, the maternal aunt took over the household and the care of this child and his six siblings. The aunt applied for foster care status because of financial need and the need which she felt for services and guidance which the agency could provide.

The father is currently unemployed and living with his common-law wife. He visits weekly, but is not willing or able to care for the children. There is also a close, extended family who take an interest in the children. All are doing well, and the aunt is seen as an outstanding foster mother.

The case reader felt that this placement was appropriate.

2. Black, Protestant male, currently aged 11, who has been living with his aunt since his mother's death in 1968. Because of the size of the family, three siblings came to live with this aunt, while four older children remained with the father in the paternal grandmother's house. In 1971, the aunt and uncle applied for foster care status, for they needed guidance and assistance in dealing with this boy and his two siblings. The father was unemployed and could not take care of all the children. Subsequently, the father died. The boy does not wish to be adopted, and the aunt and uncle agree that he should keep his own name.

The case reader felt that this was an appropriate placement for the child.

B. Placements Secured for Hard-to-Place Children

1. White, Protestant male, currently aged five, whose mother, with a history of instability, roaming around the country and probable prostitution, requested adoption of this child at birth. However, physical examination showed the child had cerebral palsy and was severely retarded. A placement was secured for him, despite his severe physical and emotional problems, in an unusual foster home. The foster parents are prepared to care for him as long as it is physically possible. They are planning to move to the South, and intend to take the child with them.

The case reader notes that although the child will eventually need lifetime care in an appropriate facility (he has no speech and is severely retarded physically and intellectually), he is profiting greatly within his limited capacity from the care this family is providing. The placement is considered appropriate.

2. White, Catholic male, currently aged six, who was placed at the age of three because of emotional problems of his parents. The mother and father were both drug addicted and had long histories of drug abuse. The mother has a history of psychiatric hospitalizations and arrests for narcotics use and prostitution. She has served time in the Women's House of Detention. The mother and father are now divorced, but have set up a conjugal union.

The child suffers from multiple physical handicaps. Born with drug withdrawal symptoms, he went through six days of seizures. He has cerebral palsy, a convulsive seizure disorder and is hydrocephalic. He also has a right hemi-paresis.

The child was placed in a foster home where he has remained to date. The mother is still on drugs and there are no interested relatives. The foster parents are extremely capable people and the child is well cared for, both in the home and medically. He attends a cerebral palsy development training center and is doing well. He is described as cheerful, friendly and affectionate, and has obviously developed well in the home. His foster parents, who have cared for him since he was three months old, are now planning to adopt him. They have four natural children of their own. They have taken steps in the home including installing an intercom system and rampways so that the child can move about and receive proper care. The natural mother accepts the plan for adoption as she realizes that she is too limited to care for this child as well as the two other children in the home.

C. Cases of Good Agency Services to Parents

1. Female child placed with two siblings in a foster home because of abuse and/or neglect by the mother. The mother and her paramour were heavily involved in drugs. On two occasions it was necessary for the child to be hospitalized because of neglect and/or abuse.

With the help of the agency, the mother enrolled in and graduated from a methadone maintenance program. She is currently drug free. She is no longer seeing her paramour and is now employed. She is working closely with the agency to effect the return of the three children to her. However, the children refuse to see their natural mother, and are very afraid of her. In order to overcome this fear, the agency has encouraged the mother to tape messages to the children, in which she talks to them and answers their taped questions. It is hoped that this technique will help to close the gap between this mother who has seemingly rehabilitated herself and the three children.

2. Black, Protestant male child, currently aged four, was placed because of a neglect petition. The mother was separated from her husband, who was in prison, and all of the children were neglected. The mother was abusing drugs at the time of placement.

With careful and intensive work from the agency, the alternatives were laid out for this mother. The children were in an adoptive home, and the foster parents were willing to adopt. This was discussed frankly and openly with the mother, who elected to undertake a rehabilitation program in order to prove her readiness for the discharge of the children. The mother is currently involved actively with a drug program and is making good progress. She has already taken custody of the two older children and is caring well for them. She is currently preparing for the discharge of the other two children who remain in care, and is very involved with the agency.

Projection of the Population Under 18 Years of Age in New York City[7/]

The two major factors which determine the number of persons under 18 years of age in New York City are the birth rate and the migration pattern. Births in the city reached their peak during the 1950s when the annual average was 165,237, more than in any previous decade. From 1961 to 1965 the annual average was 165,197 births. However, in 1966, the number of births began to decline and by 1973, there were only 111,000 births. The drop from the 149,000 births in 1970 was 22 percent. The decline in births to whites was even greater, amounting to 25.4 percent. From 1960 to 1973, the number of white births dropped from 108,000 to 60,000, a decline of 46 percent. Nonwhite births were below the 1970 peak of 44,000 but increased slightly from 1960 (34,200 births) to a level of 35,500 in 1973.

Simultaneously, the large migration of Puerto Ricans from the island and of blacks from the South, which bolstered the city's population during the 1950s and 1960s, appeared to diminish. As a matter of fact, data for Puerto Ricans appear to show that more of them are going back to Puerto Rico than are coming to the United States mainland. These movements probably

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7/ The population projections were prepared by Abe Berman, Assistant Director of Research, New York State Department of Labor, in his role as Population Consultant to the study of Foster Care Needs and Alternatives to Foster Care.

reflect the poor economic condition of the city where the total number of jobs declined by 5.3 percent during the 1970-73 period while national employment rose by seven percent. Census Bureau estimates (Series P-25 No. 527) indicate that the total population of New York City declined by 179,000 (2.3%) between 1970 and 1973. About 293,000 persons (3.7%) left the city during this period.

The assumptions made in this set of projections are:

1. The decline in the number of births will continue to 1985 but to a lesser degree.

2. The exodus of young married whites to the suburbs will continue and will not be counterbalanced by an influx of blacks and Puerto Ricans.

3. The number of black youngsters will continue to increase but at a much lower growth rate than from 1960 to 1970, and Puerto Rican youngsters will increase at about half the rate of the black youngsters, as was the case in the 1960-70 period.

4. Because of these assumptions, most of the age cohorts will simply be five years older between 1970 and 1975, 1975-80, and 1980-85, i.e., there will be little change, except for whites, due to net migration.

Projections for the 1975, 1980, and 1985 period were first made for the total population less than 18 years of age following the above assumptions and the pessimistic national assumptions as given in Series F of Current Population Reports, Series P-25 No. 493. These national data assume that the average female would produce 1.8 offspring and a net national immigration of about 400,000 per year will occur. These projections for the less than 20 age group are as follows:

1970	77,004,000
1973	76,177,000
1975	74,539,000
1980	70,908,000
1985	69,240,000

	Percent Changes
1970-73	- 1.1
1970-75	- 3.2
1970-80	- 7.9
1970-85	-10.1
1973-75	- 2.2
1975-80	- 4.9
1980-85	- 2.4

Since the known drop for the 0-18 year age group from 1970 to 1973 in New York City was estimated to be 4.5 percent (from 2,234,900 to 2,134,000), much larger than the decline in the above series, an additional decline of 0.7 percent was estimated for the 1973-75 period so that the total decline in the 1970-75 period was 5.1 percent, larger than the national drop of 3.3 percent in the Series F projections. Because of this larger decline in the 1970-75 period, the drops in the succeeding decade were made at a somewhat lower rate than the Series F trends indicated. The final totals for New York City of the population below 18 are as follows:

1970	2,234,900
1973	2,134,000
1975	2,120,300
1980	2,046,100
1985	2,028,000

	Percent Changes
1970-73	- 4.5
1970-75	- 5.1
1970-80	- 8.4
1970-85	- 9.3
1973-75	- 0.7
1975-80	- 3.5
1980-85	- 0.9

Since the assumption is made of little or no net migration and there is little mortality in this age group, estimates by age were made by simply aging the population. The number in the 1975 age distribution took into account the changes by age between 1970 and 1973. Between 1975 and 1980 and 1980-85, the 0-3 age group became 5-7, etc. Small changes were made to conform the age distribution to known patterns from previous Censuses, e.g., the 15-18 age group is usually less than the 12-15. Sex ratios followed those in the 1970 Census in each age group. The 0-3 and 3-6 age groups were obtained by subtraction with the assumption that births in 1975 and 1980 would be below those in 1970 but that between 1980 and 1985 there would be some slight increase in births.

Some continued increase in the number of black youngsters under 18 is assumed. The increase from 1970 to 1975 is 10.4 percent, between 1975 and 1980, 5.4 percent and between 1980 and 1985, 5.3 percent. In contrast to the 69.1 percent increase between 1960 and 1970, the 16.4 percent increase between 1970 and 1980 is extremely modest. For Puerto Ricans, a 6.3 percent increase is assumed for 1970 to 1975, a 2.2 percent increase from 1975 to 1980, and a 1.6 percent increase between 1980 and 1985. Thus, the 8.7 percent gain from 1970 to 1980 contrasts with the 35.5 percent gain during the decade of the 1960s.

The data for the white, non-Puerto Ricans was obtained by subtracting the black and Puerto Rican data in each cell. Obviously, some nonwhite, non-blacks, such as the Chinese, are included in these figures as well as some Hispanic non-Puerto Ricans. These groups, however, are too small to affect greatly the overall totals. On the other hand, it should be mentioned that between five and 10 percent of the Puerto Ricans are classified by the Census Bureau as blacks and this is an offsetting factor. These estimates assume a large continued out-migration of young, married whites from New York City. Between 1960 and 1970, the decline was 19.8 percent and between 1970 and 1980, the decline in these estimates is 26.1 percent. A somewhat smaller rate of decline, 7.1 percent, is assumed for the 1980-85 period.

The table which follows includes data from the decennial censuses of 1950, 1960 and 1970, and the projections for 1975, 1980 and 1985.

TOTAL NEW YORK CITY CHILDREN BY ETHNIC GROUP AND BY AGE,
FOR SELECTED YEARS AND PROJECTED (Numbers in Thousands)

Age	1950	1960	1970	1975	1980	1985
			Total			
Total	1,919.2	2,167.2	2,234.9	2,120.3	2,046.1	2,028.0
0-3	404.5	423.0	367.4	343.5	333.8	343.6
3-6	374.0	387.4	375.8	351.3	332.8	335.3
6-9	335.7	357.5	378.6	349.1	341.2	338.3
9-12	269.0	347.3	379.6	339.0	350.1	332.0
12-15	267.0	342.7	370.4	362.7	349.2	338.6
15-18	269.0	309.3	363.1	374.7	339.0	340.2
			White (Non-Puerto Rican)			
Total	1,627.5	1,525.0	1,238.0	1,036.0	914.8	850.3
0-3	337.7	282.0	202.8	168.8	144.1	142.4
3-6	319.0	260.4	198.8	162.0	144.1	140.0
6-9	287.6	247.2	199.1	162.8	160.2	144.6
9-12	228.0	246.2	206.6	154.3	156.4	137.4
12-15	226.3	256.7	209.3	189.2	156.5	141.1
15-18	228.9	232.5	221.4	199.1	153.5	144.8
			Black			
Total	205.5	377.1	637.7	702.5	741.0	781.2
0-3	48.9	84.1	101.8	116.5	125.1	134.6
3-6	38.7	75.5	112.9	121.7	126.0	132.0
6-9	33.8	66.2	115.2	119.8	120.3	127.1
9-12	28.8	61.4	111.7	118.8	125.4	131.5
12-15	28.1	49.2	103.0	113.0	123.7	129.3
15-18	27.2	40.7	93.1	112.7	120.5	126.7
			Puerto Rican			
Total	86.2	265.1	359.2	381.8	390.3	396.5
0-3	17.9	56.9	62.8	58.4	64.6	66.6
3-6	16.3	51.5	64.1	67.6	62.7	63.3
6-9	14.3	44.1	64.3	66.5	60.7	66.6
9-12	12.2	39.7	61.3	65.9	68.3	63.1
12-15	12.6	36.8	58.1	60.5	69.0	68.2
15-18	12.9	36.1	48.6	62.9	65.0	68.7

Converting from Sample Figures to the Total Population

In order to show the magnitude of the current service deficits and surpluses in terms of the actual number of children involved it is necessary to multiply the sample numbers by a constant to equal the children in care as shown in the BCW census of December 31, 1974. This constant is 23.8; by multiplying 23.8 by 1,203 (the number of children in our sample, excluding those in secure detention and awaiting placement) we get 28,633, approximately the foster care census figure. For purposes of discussing the actual number of children in secure detention or awaiting placement, we have also multiplied the sample by 23.8.

Projections of the Need for Foster Placement, 1980 and 1985

The projection for 1980 was derived as follows:

(1) We began by looking at the proportion of children in foster placement by age group, i.e., under 3, 3-6, 6-12, 12 and over in 1960, 1970 and 1974. These figures are as follows:

CHILDREN IN FOSTER CARE AS PERCENT OF ALL CHILDREN
BY AGE GROUP FOR SELECTED YEARS, 1960-1974

Year	All Children	Children in Foster Care No.	Children in Foster Care Pct.	All Children	Children in Foster Care No.	Children in Foster Care Pct.
		Under 3			3-6	
1960	423,000	2,364	.56	387,400	3,317	.86
1970	367,400	4,260	1.16	375,800	4,101	1.09
1974	343,500*	2,822	.82	351,300*	3,693	1.05
		6-12			12 & over	
1960	704,800	7,158	1.02	652,000	5,585	.86
1970	758,200	9,235	1.22	733,500	8,338	1.[illegible]
1974	688,100*	10,064	1.46	737,400*	12,021	1.63

* 1975 population estimates.

The proportion of children under three years of age in foster care rose sharply between 1960 and 1970, but dropped sharply since then, mainly as a result of the legalization of abortion and more widespread use of family planning. For the under-three group we have assumed that the annual rate of decline in the proportion of children in care would continue, but at half the rate of the period 1970-74 on the grounds that the initial heavy impact of the legalization of abortion in 1971 has spent itself and that further resort to abortion and/or family planning will continue at a more moderately increased level.

The proportion of children 3-6 years old in foster care rose noticeably in the 1960s and has dropped slightly since 1970. We assumed the annual rate of decline in the 3-6 year age group between 1970 and 1974 would double on the grounds that in the coming three years this group will reflect the large drop which has already occurred in the under-three age group.

The ratio of 6-12 year old children in placement increased from 1960 to 1970 and increased again at an accelerated rate from 1970 to 1974. We assume a further increase but at a somewhat decelerated rate, specifically at three-quarters the rate of increase between 1970 and 1974, on the grounds that this group will, within the next six years, reflect the impact of the decline in the number of children under six in foster care; at the same time there will be a continued increase in the number of 9-12 year olds requiring foster placement for a variety of reasons including emotional disturbance, juvenile delinquency, and other behavior problems.

The ratio of children 12 and over in placement increased from 1960 to 1970, an increase which sharply accelerated in 1970-74. The reduction in the number of children under six in foster care will not impact on the 12 and over group by 1980. We assume the same rate of increase in behavior problems, juvenile delinquency, etc. which has occurred in the period 1970-74. Further, we assume increasing identification of troublesome youngsters so that even if the rate of juvenile delinquency in this group does not increase, we do not anticipate any diminution in the ratio of such children coming into care.

(2) The second step in the estimating procedure was to take account of the number of children awaiting placement and the number of children in the psychiatric wards and on probation who require foster placement. The ratios derived in step one above were appropriately increased to reflect the preferred placement for all children within these groups who require foster care placement.

(3) The third step was to take account of the fact that among the children currently in placement, approximately 14 percent should either be in their own homes or in adoptive homes and therefore out of the foster care system. From data available from analysis of case records on the preferred placement of children among the four age groups, it was determined that relatively twice as many children in the 3-6 and 6-12 year old groups should either be in their own homes or adopted than among the under-3 or the 12 and over age groups. We therefore decreased the ratios obtained in step 2 above by 9.5 percent for the under-3 and the 12 and over age groups and by 19 percent for the 3-6 and 6-12 groups; these ratios equal an average reduction of 14 percent for all children in foster care.

(4) Finally, we had to take account of the impact of prospective changes in the level of family income in New York and of the anticipated

decline in the volume of in-migration. Children in foster care come mainly from low-income families. Indeed, more than half the children in foster care are from families on public assistance, mainly female-headed families on AFDC. Further, although most of the children in foster placement were born in New York, about two-thirds of their mothers were born outside of New York, mainly in the South or in Puerto Rico, or other Caribbean areas.

We should note that in the 1960s, while the level of family income increased, the number of families with incomes under $4,000 remained fairly stable, and the welfare caseload tripled. The ratio of white female-headed families to all white families rose from 11 percent in 1960 to 16.5 percent in 1970. The ratio of black female-headed families to all black families rose from 26.1 percent to 39.7 percent in the decade of the 1960s. It was during this same period that the number and ratio of children in foster care increased substantially. Between 1970 and 1972, the level of family income declined, especially among black families. We can assume that a further drop in income occurred by 1974. Nevertheless, the number of children in foster care during this four-year period rose only slightly and as indicated above, actually declined for the age groups under six years of age, mainly because of the legalization of abortion and the more widespread use of family planning techniques.

The evidence available indicates that in-migration to New York has fallen off from both the South and Puerto Rico. This trend is expected to continue and will be only partly offset by the increase in migration from other Caribbean areas and South America. Our population projections indicate a considerable abatement in the rate of increase in the number of black and Puerto Rican children in New York -- for the blacks from 69.1 percent in the 1960s to 16.2 percent in the 1970s; for the Puerto Ricans from 35.5 percent in the 1960s to 8.6 percent in the 1970s.

It is fair to assume that the worst of the recession will be over by the end of 1975 but we cannot be overly optimistic about the economy of New York City. In any event, the prospects for a decline in the unemployment rate in New York City to the low levels of the late 1960s are not bright. Nevertheless, there is likely to be a significant improvement as compared with the present and we are likely to see a resumption of the trend of increasing real incomes evident in the 1960s. The decline in in-migration and the consequent stabilization of the population of the city should result in some diminution in the flow of children into foster care. In sum, our crystal ball tells us that by 1980 things will be better but not all that much better. We therefore assume a modest five percent decrease in the ratios of children in foster care arrived at in step 3 above to allow for the impact of improved economic levels and lower in-migration.

(5) Thus, we used the following ratios in determining the number of children who would require foster care in 1980:

Under 3	.50
3-6	.72
6-12	1.355
12 and over	2.11

These ratios were applied to the population projection for 1980 for each of the four age groups -- under 3, 3-6, 6-12, 12 and over.

(6) The final step was to distribute the number of children in each group by the type of foster placement required. We used as a basis the percentage distribution for each age group derived from case readers' judgments as to the appropriate placement of children in 1974 and then added the results to arrive at the total for all age groups.

The projection for 1985 was derived as follows:

(1) Consideration was given to the various trends by age group from 1970 to 1974 and the projection made for 1980. It did not appear reasonable to assume either further decreases in the under-6 age group or further increases among the 6-12 or 12 and over groups. As a first step, therefore, the ratios were held at the 1980 level (see step 5 of 1980 projection above).

(2) In the light of an assumed moderate improvement in economic conditions in New York through the first half of the 1980s and an anticipated stabilization of the population as a result of low levels of in-migration, the 1980 ratios of children requiring foster care were reduced by 7.5 percent.

(3) Thus, the ratios used for 1985 are as follows:

Under 3	.43
3-6	.67
6-12	1.25
12 and over	1.95

These ratios were applied to the projected 1985 child population by the four age groups to determine the number of children in each age group who would require foster care.

(4) Again the final step was to distribute the number of children in each age group requiring foster care by the preferred distribution for each age group in 1974.

Glossary of Types of Foster Care Facilities and Programs

1. Temporary Facilities

Temporary Foster Home or Boarding Home. In cases where assessments are not complete, a foster home, designed as a "study home," will provide care for a child while study of the needs of the child and his family are underway. Such temporary care in a family-like setting for one to six children is most appropriate for children of normal or near normal development. Such temporary homes are also appropriate in cases in which it is anticipated that the child can return home within a short period of time (up to three months), but where placement is deemed necessary.

Temporary Group Home. A facility which serves seven to 12 children for assessment purposes. Such facilities are appropriate for older children (over six) where some disturbance has been noted and/or where there is a need for on-site, professional evaluation.

Temporary Group Residence or Diagnostic Facility. A group facility, serving 12 to 25 children which offers more intensive and professional diagnostic study than either a temporary foster home or group home. Such evaluations include psychiatric, psychological, medical and school evaluations along with psychosocial evaluations of the family-child situation by in-house staff, who are able to participate in frequent, if not daily, on-site study. Such facilities are most appropriate when there is a need to clarify complex personality and/or social problems involving school-aged children or adolescents.

2. Long-Term Facilities

Foster Home. A home in the community which provides care for one to six children in a family setting. The foster parents are given monetary remuneration for each child. The foster placements are supervised by an authorized child caring agency.

Agency-Operated Boarding Home. A facility operated by an authorized child caring agency in which one to six children are cared for by two adults who are agency staff members. The child caring agency assumes the responsibility of selecting, furnishing, and maintaining the home in addition to selecting, hiring, and supervising the staff.

Group Home. A facility in the community for the care of not fewer than seven and no more than 12 children which is operated by an authorized child caring agency. Children placed in such settings must be at least five years of age, or if under five, part of a sibling group which includes older children.

Group Residence. A facility in the community for the care of no fewer than twelve and no more than 25 children, under the supervision of an authorized agency. Children placed in such facilities must also be five years of age or older, unless part of an older sibling group, and this type of facility is most appropriate for adolescents.

General Institution. A congregate care facility for more than 25 children. Children cared for in such facilities may be from all categories, i.e., abused, neglected, dependent, in need of supervision, and emotionally disturbed.

Residential Treatment Center--Type A. A congregate care facility serving emotionally disturbed children. These centers serve children whose disturbance is manifested generally by deviant behavior, impaired socialization, and lack of impulse control. Children placed in such centers require not only individual treatment but structured programs and relationships. Services such as special education and therapeutic recreation are provided at the center.

Residential Treatment Center--Type B. A congregate care facility for highly disturbed youngsters. These children may be destructive to themselves or others, or severely lacking in reality orientation. Such children may be suicidal, assaultive or homicidal, due to thought or affect disorders, or may exhibit bizarre thinking so that 24-hour supervision including a high degree of psychiatric service is necessary. Special education and therapeutic recreation are provided on grounds.

Foster Home--Prospective Adoptive. A facility similar to the foster home defined above except that the child has been freed or is in the process of being freed for adoption and the foster parents have shown signs of interest in adopting the child.

Institution for the Retarded. A specialized treatment center for children who are at least moderately retarded and who show signs of emotional disturbance. Such institutions are currently included in the foster care system.

3. Other

At Home/Suspended Payment. The child is currently living in his/her own home, usually on a trial discharge basis, but has not yet been discharged from the agency which has previously provided care. This classification is used as a transition between placement and final discharge home. It may also apply to children who are AWOL from a facility.

At Home/Awaiting Placement. This designation is used for children who are known to Special Services for Children as needing placement, but have not as yet been placed in the appropriate facility.

Secure Detention. A congregate care, locked setting, operated by the Bureau of Institutions and Facilities of the Department of Social Services, serving children who have been arrested by the police but not yet adjudicated by the courts, who if not detained may not appear for court hearing or who the court feels may commit the same crime again.

Non-Secure Detention. Open settings such as group homes, foster homes or group residences serving a population who have been arrested but not yet adjudicated by the courts, similar to those children described above.

Lifetime Care. Certain children currently fall outside the foster care field as presently defined since these children will not be able to be brought up to even a minimal level of functioning with existing treatment by the time they reach adulthood. In general, children who suffer from serious physical handicaps, or who are severely or profoundly retarded will require lifetime care.

APPENDIX B

METHODOLOGY FOR ESTIMATING THE COST OF THE ACTUAL AND PREFERRED PLACEMENT PATTERNS AND ALTERNATIVES TO FOSTER CARE

In order to estimate the costs of the actual and appropriate placement of children for 1974, 1980, and 1985 we have multiplied the number of children needing each type of care (e.g., foster homes, group homes) by the cost of such care. If the costs of the different programs were readily available, this would be a simple task. However, neither Special Services for Children nor the New York State Department of Social Services segregates out the actual costs of these different types of foster care programs, so it was necessary to estimate these costs from raw data in SSC's files, viz., the statement of operating expenses July 1, 1973 to June 30, 1974 -- Schedule A (Personal Service) and Schedule C (other than Personal Service).1/

Foster Placement. Since our expenditure estimate is tied to needs as of December 31, 1974, we required information about costs subsequent to June 30, 1974. We turned, therefore, to the rate system which DSS uses to control foster care expenditures; as will be seen below, actual expenditures closely parallel the Program Ceiling Rates promulgated by the city. Since 85 percent of care is provided by voluntary agencies under a purchase of service agreement controlled by these rates, it is necessary to begin with an explication of the rate system.

There are both maintenance (food, clothing, and shelter) and Medicaid rates. The former involves a much larger amount of money. Five different sets of maintenance rates actually come into play: the Maximum City Rates, the Program Ceiling Rates, Agencies' Projected Rates, Agencies' Allowable Rates, and the Maximum Per Diem Rates.2/ Each fiscal year DSS sets what they call Maximum City Rates for each type of care. For the two most recent fiscal years these were:

1/ Additional information was obtained in discussions with Mr. Robert Skerritt of the N.Y. State Dept. of Social Services and administrators of voluntary agencies. The statements of operating expenses for 1974-75 are not yet available.

2/ The Program Ceiling Rates and Maximum City Rates are given in "Amendments of Regulations and Instructions Governing the Administration of Reimbursement by the City of New York to Voluntary Foster and Maternal Care Agencies," No. 12 and No. 13 (for 1973-74 and 1974-75, respectively), Dept. of Social Services. The maximum per reimbursement rates are contained in letter to the Comptroller from the Director of the Budget and the Commissioner of Social Services.

MAXIMUM CITY RATES

Type of Care	Fiscal Years 1973-74	Fiscal Years 1974-75
Foster boarding homes	$10.75	$12.25
Agency-operated boarding homes	20.00	24.50
Group homes and residences	32.50	35.50
Institutions	32.50	36.00

If a child care agency had allowable expenditures up to these Maximum City Rates, the city would reimburse the agency 100 percent. Prior to the beginning of each fiscal year, the child care agencies make a projection of the cost of each program (hence Agencies' Projected Rates) they will operate. Some agencies project they will spend less than the Maximum City Rates, while other estimate they will spend more. After these projections are made, negotiations are undertaken during which a Maximum Per Diem Rate is set for each program of each separate agency. The city also sets Program Ceiling Rates for each type of care; according to DSS regulations, agencies cannot be reimbursed for expenditures above the Program Ceiling Rates. These ceiling rates for 1973-74 and 1974-75 were:

PROGRAM CEILING RATES

Type of Care	Fiscal Years 1973-74	Fiscal Years 1974-75
Foster boarding homes	$13.00	$13.60
Agency-operated boarding homes	22.50	25.00
Group homes and residences	33.50	36.00
Institutions	33.50	36.90

At the end of the fiscal year those agencies which had allowable expenditures which exceeded the Maximum City Rate may apply for additional funds. If the agency's expenditures for the program were equal to or less than its projected rate and did not exceed the Program Ceiling Rate, that is, the absolute maximum the city will pay, then the agency will still be reimbursed 100 percent. In the event that the actual costs were greater than the projected rate, SSC will reimburse 90 percent of the excess. According to these regulations, the reimbursement cannot exceed the Program Ceiling Rates, even if the excess is above the ceiling. The Allowable Rate, then is the amount the city will actually reimburse the agency; in many instances the Allowable Rate coincides with the city's Program Ceiling Rate, and the Maximum Per Diem Rate.

Since the actual expenditures for 1974-75 are not yet available, the following procedures and assumptions were used in developing an estimate of expenditures for each type of care.

(1) It was assumed that for 1974-75 agency expenditures for each type of care would be the largest amount of the following: (a) the 1973-74 actual per-child per-diem expenditure; (b) the agency's 1973-74 allowable per diem rate; and (c) the 1974-75 allowable per diem rate. This seems sound for two reasons. First, the public sector has borne an increasingly larger proportion of foster care costs; second, current economic pressures will force the agencies to spend very close to reimbursement levels.

(2) These data were arranged in a series of tables -- one for each type of care. On the following page there is an example, taken from the table on foster homes. From inspection of the table it can be seen that the 1974-75 estimated costs were $13.43, $13.41, $13.60, and $13.60 for the agencies, respectively. Similar tables were developed for each type of care -- group homes, group residences, temporary institutions, etc.

(3) The public share of these estimated expenditures is the higher of the allowable rates for 1973-74 and 1974-75.3/ The estimated public expenditure or cost of purchasing foster home care provided by agency one was $13.43 per child per diem.

(4) Each voluntary agency's share of these estimated expenditures is derived by subtracting the estimated public share from the estimated total cost; hence three of the voluntary agencies shown in this table made no contribution and one spent $3.31 per child per diem.

(5) To obtain the average per-child per-diem estimated expenditure, we took the sum of the products of each agency's total per-child per-diem costs and number of days'care provided by that agency and divided by the total number of days of care for all agencies. For example, agency one's total cost was $13.43 per child per diem and it provided 657,645 days of care; we multiplied these numbers together. This operation was repeated for each of the 11 agencies whose costs for foster homes were examined. The totals of the costs were then divided by the total days of care provided by the 11 agencies combined. The average per-child per-diem estimated expenditure is, therefore, a weighted average, that is, each of the 11 agencies' per-child per-diem foster home costs is represented in proportion to the number of days of care it provides.

(6) The per-child per-diem estimated public expenditures were obtained using the same procedure only substituting allowable costs, that is, the reimbursable amount, for care provided by each agency for the total cost. The per-child per-diem estimated voluntary cost was derived by subtraction from the other two averages.

(7) This process was repeated for all types of placements. For purposes of these estimates we assumed, however, that the maintenance costs of temporary foster homes, long-term foster homes, and foster homes with the prospect of adoption were the same. It is not possible to make a distinction among these variations of foster home care from either the expenditure data or rate schedules. No data are available on the costs of or rates for temporary and long-term group homes; therefore, they have been treated as if they were the same. The cost of financing adoptive placements, lifetime care, own home, and "other" are described separately.

3/ The reader will recall the procedure for determining the allowable rate.

STUDY FIGURES

PER-CHILD PER-DIEM EXPENDITURES FOR FOSTER HOME CARE
(In Dollars)

	1973-74 Actual	1973-74 Allowable	1974-75 Allowable	1974-75 Estimated	1974-75 Estimated Public Share	1974-75 Estimated Voluntary Share	Days of Care
Agency One	12.77	12.81	13.43	13.43	13.43	--	657,645
Agency Two	12.88	12.31	13.41	13.41	13.41	--	133,964
Agency Three	16.91	11.71	12.82	16.91	13.60	3.31	121,388
...							
Agency Eleven	13.31	13.00	13.60	13.60	13.60	--	72,014
Average				12.98	12.27	.71	

The per-child per-diem cost of each type of care is shown in Table 24 on page 44.

Estimation of Medicaid Expenditures. The methodology for estimating Medicaid expenditures is identical to that for estimating maintenance costs; however, the data for the calculations are somewhat limited because agencies operating more than one program rarely provide a breakdown of their Medicaid expenditures by program. Hence, it was necessary to base the estimates primarily on those agencies offering almost exclusively one kind of care. It was relatively easy to determine the average Medicaid expenditures for foster home care and temporary institutions because several agencies operate a single program. It was most difficult to determine rates in the case of group homes and agency-operated boarding homes, since with two or three exceptions agencies operating these programs operate other programs as well; the average cost for the agency represents an amalgamation of costs of different programs. The data on Medicaid expenditures for public programs is totally inadequate or non-existent, hence we may be understating the total cost of Medicaid in the various programs to some degree. Medicaid rates for foster care agencies are promulgated by the New York State Department of Social Services, instead of the New York City DSS.

Adoptive Placement. The estimate of needs indicated that 3,700 children in care are adoptable; extensive legal services and casework will be necessary to effect these adoptions. Although the city currently pays $1,750 when placement occurs plus a total of $160 for supervision after placement, many have argued that the city's reimbursement system -- geared to per-diem per-child maintenance -- actually militates against adoptive planning because the agencies have to cover many of the costs with their own limited funds. A study by Brandt Allen and David W. Young[4] sponsored by the Edwin Gould Foundation found that the legal, casework, administrative, and medical costs averaged out to $3,810 per child. The average took into consideration increments for legal status, physical handicaps, age, and home finding. These costs were included in the estimate for the current study, plus $1,804 subsidy[5] ($150 per month) for 75 percent[6] of the children; this yields a total cost of $5,614 for each adoption.

It is assumed that the voluntary costs would represent the difference between the $1,750 and $160 payments already provided by the city and $3,810. This equals $1,900 per child in the case of either subsidized or nonsubsidized adoptions. The total per-child per-diem expenditure for adoption is $14.15; $8.94 is the public contribution and $5.21 is the voluntary contribution.

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[4] Brandt Allen and David W. Young, "Cost Barriers in Adoption: An Analysis of the Economics of Adoption Reimbursement," Darden School Working Paper, Colgate Darden Graduate School of Business Administration, University of Virginia, 1975.

[5] Calculated from data provided by the New York City Department of Social Services, July 1975.

[6] Based on a discussion with Mrs. Hanna Grossman of the New York State Adoption Exchange Project of Welfare Research, Inc., July 1975.

Alternative Services to Children and Families. It is estimated that it will cost $9.2 million per year, or about $6.05 per child per day, for the supportive and rehabilitative services necessary to prevent foster placement by maintaining the 4,163 children at risk in their own homes. It is recognized that some expenditures are already being made for these services, but the effort is so fragmented -- and rarely targeted for foster children -- that it is impossible to place a dollar amount on these efforts, so the estimate has been restricted to the cost of the appropriate pattern. The expenditure estimated was derived as follows:

1. The number of children in own home was obtained by combining the number of children probation workers estimated should be at home (1,379) with those who directors of children's psychiatric units thought should be in own home (547) with the 143 children awaiting placement and the 2,094 children actually in placement who the case readers said should be in own home -- a total of 4,163 children. It was assumed that the service needs of the children on probation and from the psychiatric units will be approximately the same as the percentage of children the case readers said should be in own home but who were actually in foster care or awaiting placement. The total number of children or families requiring such services is shown below.

Alternative Services	Number of Children and Families Needing Each Service
Comprehensive family center	1,728
Casework agency	1,902
Child guidance	602
Homemaker	666
Family day care	221
Day care center	400
Day treatment	229
Alternate or special education	933
After-school recreation	1,399
Drug/alcohol rehabilitation	221
Housing assistance	666

The per-child or (or per-family) per-year cost of each service is shown in Table 24 on page 44.

2. To determine the cost of each of these services a variety of published and unpublished materials was used, including agency budgets and reports of expenditures. The specific cost estimates were developed by dividing costs of existing programs by days of care provided to obtain a per-child or per-family per-year expenditure and then multiplying this expenditure times the number of children (or families). The per-child per-day expenditure for all services combined was determined by dividing the total costs of all services by the number of children (or families) needing the services multiplied by 365 (the number of days in the year).

The cost data on these types of services are notoriously inadequate since overhead is rarely taken into account and attendance data are sketchy, so these estimates are rough. Additionally, estimates of expenditures on supportive and preventive services involve numerous assumptions about the type of delivery and duration of such services. For example, counseling can be provided on either an individual or group basis with the former costing roughly twice as much as the latter. A homemaker may work for a family for one week around the clock or one day per week for a year (or more). Despite the fact that these estimates are rough, they are useful in getting us to conceptualize the cost of services which can prevent or shorten placement.

Comprehensive Family Center. This cost estimate is based on only one of the comprehensive family service centers in operation: the Family Reception Center in Brooklyn. The per-year per-family cost was obtained by dividing total expenditures for all services by the Family Reception Center by the number of families on the Center's active list.7/

Casework Agencies and Child Guidance. The costs of these and related counseling services range tremendously depending on the auspices of the program, the type of helping person (psychiatrist or social worker), the number of sessions per week, and whether the sessions are group, family, or individual. These services are treated as similar because many agencies perform both types of service. The data used in the estimates come from the fees of 20 organizations providing outpatient and walk-in facilities listed in Resources for Disturbed Adolescents.8/ The per-meeting costs represent median fees for an individual treatment or service, with an additional amount included to cover the difference between fees and actual costs. The $1,000 per year total for a casework agency assumes one meeting per week (total of 40 meetings per year) at a charge of $25 per meeting for the child and $25 for an additional weekly session for the parents (as is required by many child guidance programs). If a child or a parent received any of these services in a group with other children or parents rather than as an individual, the cost would be approximately one-half as much; on the other hand, if they were to receive help from a psychiatrist or therapist in private practice, the cost could be considerably greater.

Homemaker Service. Homemaker service can be on a 24-hour basis, a daily basis, or a weekly basis. It was assumed the families needing this service would need the equivalent of an average of 50 days or 10 weeks of service; Bernstein et al. estimated the hourly cost of homemaker service at

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7/ Calculations based on expenditures at the Family Reception Center provided by Sister Mary John, Administrator, Sisters of the Good Shepherd Residences.

8/ Edith E. Linburn and Richard L. Frank (eds.), Resources for Disturbed Adolescents, The Mount Sinai Hospital of New York (Winter, 1974-75). The median fee was actually $20; however, information obtained from the Family Service Association indicates that this is somewhat below the actual costs of the services, hence $5 has been added to the per-meeting cost.

$5.75[9] which equals a total yearly cost of $2,000. Bernstein obtained this approximate hourly wage by using the standard New York State reimbursement rate of $5.75 an hour for purchased service from funded agencies for a typical 35-hour week for full-time care.

Day Care and Family Day Care. There are many types of day care and the costs vary greatly from less than $40 per week (for a 10-hour day) for family care to almost $100 per week in day care centers for three-year-olds, an experienced staff, and a child-staff ratio of five to one in a center for 30 children,[10] and even more in some cases. It was assumed that the families needing family day care would receive 50 weeks' care at $40 per week per child at a total cost of $2,000 per year. It was also assumed that the cost of providing day care centers to families would be $800 per week per child for a total cost of $4,000 per year. While these figures represent estimates of the costs of providing these services, these costs have been excluded from the total supportive and rehabilitative service package since day care programs are currently only 80 percent utilized,[11] and additional outlays are not necessary to handle the 666 families identified here as needing this service.

Alternate or Special Education and After-School Recreation. No attempt has been made to analyze the costs of the education services and after-school recreational programs needed to help maintain children in their own homes. This was not done largely because the 933 and 1,397 children needing these respective services represent such a miniscule part of the total public expenditures for recreation and education. At the same time, however, it is acknowledged that current efforts -- and expenditures -- to provide these services are inadequate.

Drug/Alcohol Rehabilitation. The cost of drug rehabilitation varies from $8 to $11 per day[12] in some public programs to well over $100 per day in private programs. Costs vary depending on whether the program is residential or non-residential, with residential care being more expensive. We are assuming the treatment will be non-residential and drug-free and will cost about $2,800 per year. It should be noted that it is extremely difficult to calculate costs of non-residential programs because of the erratic attendance of participants; therefore, the figures are used with caution. No separate estimate is made of the cost of alcohol rehabilitation; we are assuming that these program costs are similar to those for drug rehabilitation.

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[9] Blanche Bernstein with Anne N. Shkuda and Eveline Burns, Income-Tested Social Benefits in New York: Adequacy, Incentives, and Equity. Paper No. 8, Studies in Public Welfare, Subcommittee on Fiscal Policy, Joint Economic Committee, Congress of the United States, July 1973, p. 122.

[10] Discussion with Mr. David Davis, Agency for Child Development, July 1975.

[11] Ibid.

[12] Discussion with Mr. Robert Leitman, Addiction Services Agency, New York City, August 1975.

Housing Assistance. The families of 666 children needed assistance with housing. There are a number of housing programs in New York City that provide subsidies that place decent homes and suitable living environments within the reach of low-income families. These programs are sponsored by the city, state, and federal governments; assuming that the family meets the income tests and other eligibility criteria, a subsidy of from $540 to $1,200 per year for a family of four is available for a large number of apartment units.[13] For purposes of this study, a family size of four has been assumed; it is also assumed that the families in our study would qualify for an average subsidy of $1,000 per year.

Day Treatment. There are many day treatment programs in New York City available to children and adolescents. The range of costs of the programs is great -- from $25 to over $100 per day -- depending again on duration and type of service. We have assumed that the children would receive treatment five days per week 52 weeks per year at a cost of $8,000 per year, or $31.50 per day.[14] This treatment includes special education, recreation, and clinical treatment. Day hospitals, which also include educational and recreational programs and daily psychiatric treatment, cost $100 per day, plus an additional amount for drugs.[15]

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[13] Bernstein et al., op. cit., p. 94.

[14] Based on data provided by Mr. Arnold Teitelbaum of the Jewish Child Care Association, and Sr. Mary Paul, Director, Project Outreach.

[15] Based on discussion with Dr. Abraham Lurie, Director of Social Services, Hillside Hospital.

APPENDIX C

SUMMARY OF

CRITERIA FOR FOSTER PLACEMENT AND ALTERNATIVES TO FOSTER CARE

CRITERIA FOR DECIDING IF A CHILD SHOULD REMAIN IN HOME INSTEAD OF BEING PLACED

YES, IF	NO, IF
1. There is sufficient parental desire, concern, and ability to maintain the child in home;	1. There is risk of physical abuse, exploitation or endangerment to child;
2. The child is older, able to express choice, and is willing to live at home and work out areas of difficulty; and	2. There is exacerbated pressure for separation on the part of either the child or parent (this is the obverse of 1 and 2 at the left);
3. An adequate range of services is available or potentially available in the community to sustain the child and family by inducing some dynamic change and developmental gain. The determination of the adequacy of the services necessary to avoid placement should take into account, as appropriate: a. The substantive quality and relevance of the particular program in its own content, range and determination; b. Its linkage with other supports which are integral parts of the service plan; c. Its relationship to a case management person who has credibility with the client and access to those policy-making organizations which have the potential for increasing community acceptance of people with life management difficulties.	3. Demand for social control is pressed by a social agency or public agency (due perhaps to some serious acting-out behavior).

CRITERIA FOR SELECTION OF DIFFERENT TYPES OF PREVENTIVE SERVICES 1/

1. A COMPREHENSIVE FAMILY-CENTERED SERVICE CENTER IS APPROPRIATE IF

   a. The parent/child problems are multidimensional.

   BUT INAPPROPRIATE IF

   a. Homemaker service only is needed;

   b. Day treatment center service is needed; and/or

   c. Drug, alcohol, or other rehabilitation service is needed.

2. A CASEWORK AGENCY IS APPROPRIATE IF

   a. Parent and/or child problems are circumscribed and can be contained with 1 or 2 meetings a week, especially if the parent is the primary client; and

   b. Parent and/or child has ability to travel to agency.

3. A CHILD GUIDANCE CLINIC IS APPROPRIATE IF

   a. Family situation is same or similar to that described for casework agencies, but the child is the primary client;

   b. Child has an emotional problem or has a speech or reading problem which interacts with emotional conflicts (this would depend on the particular clinic); and/or

   c. Cultural or generational parent-child conflicts exist.

   BUT INAPPROPRIATE IF

   a. Child is group-dependent or street-oriented; or

   b. Child has serious anxieties.

4. A HOMEMAKER SERVICE IS APPROPRIATE IF

   a. Child-caring parent is temporarily physically or mentally incapacitated or is temporarily incompetent to perform homemaking tasks because of convalescence, emotional stress, or is awaiting assessment;

   b. The child is 0-12 years old and is normal or near normal in development 2/; and/or

   c. Child has either a physical handicap or mild emotional problem (if the child does have even a mild emotional problem, the homemaker will need special training).

BUT INAPPROPRIATE IF

a. Child is severely impulse-ridden, aggressive, unsocialized, or self-destructive.

5. DAY CARE SERVICE IN OWN HOME OR IN OTHER'S [3]/HOME IS APPROPRIATE IF

   a. Child is under 2 years of age;

   b. Child has special physical needs or problems of physical endowment or capacity impairment; and/or

   c. Child-caring parent is out of the home during the day.

   BUT INAPPROPRIATE IF

   a. Play space is inadequate or if play companions are not available.

6. GROUP DAY CARE OUTSIDE OF HOME IS APPROPRIATE IF

   a. Child is 2 or older;

   b. Child is ready for separation from mother and ready for group play;

   c. Child-caring parent is out of home during the day; and/or

   d. Professional specialization is available to deal with physical, emotional, or learning handicap.

7. A DAY TREATMENT CENTER IS APPROPRIATE IF

   a. Child is 6-17 years of age;

   b. Child is emotionally disturbed and/or acting out;

   c. Child's problem feeds and is fed by other family stresses;

   d. Child has been discharged from psychiatric hospitalization or residential treatment, and needs transitional help; and/or

   e. Child needs an academic and/or vocational program containing a degree of individualization and acceptance not present in public schools.

8. ALTERNATE SCHOOLS AND SPECIAL EDUCATION PROGRAMS ARE APPROPRIATE IF

   a. Child needs small class size, individualized curricula, the mitigation of routine and competition, and/or therapeutic relationships;

   b. The parent is overanxious about the child underachieving; and/or

   c. Child has specific learning handicap.

9. AN AFTER-SCHOOL RECREATION CENTER IS APPROPRIATE IF

   a. Child is 6-17 years of age; and

   b. Child lacks sufficient supervision and discipline at home or is from crowded or tense home and requires moderate preventive or treatment intervention.

10. DRUG ABUSE, ALCOHOL ABUSE AND OTHER REHABILITATION PROGRAMS ARE APPROPRIATE IF

    a. Child is a regular (not simply experimental) user or is actually addicted; and

    b. Child's medical and psychosocial situation has been assessed and a determination made that he/she can benefit from such programs.

    BUT INAPPROPRIATE IF

    a. Child is under 16 and methadone maintenance is the treatment modality; or

    b. Child has fragile ego and encounter therapy is included in the program. (Encounter therapy is found in almost all therapeutic communities, for example, Phoenix House and Day Top Villages).

CRITERIA FOR DECIDING WHETHER AND WHAT TYPE OF TEMPORARY PLACEMENT IS APPROPRIATE

1. A TEMPORARY FOSTER HOME OR BOARDING HOME IS APPROPRIATE IF

   a. This is essential for children under 6 and may be used with older children;

   b. Assessment of placement problem is incomplete; and

   c. Child is normal or near normal in development.

   BUT INAPPROPRIATE IF

   a. Child has special medical problems or severe disturbances needing specialized professional service; and/or

   b. Child-caring parent is hospitalized temporarily or is awaiting assessment of physical or mental ailments, in which case a homemaker is appropriate.

2. A TEMPORARY GROUP HOME IS APPROPRIATE IF

   a. Child is at least 6 years old, or younger if part of a sibling group;

   b. Child's behavior or evident emotional disturbance, however related to family situation or precipitating stress, indicates need for on-site professional observation and evaluation; and/or

   c. Child is moderately acting out and needs separation from a controlling peer group and could receive peer support from others in residence.

   BUT INAPPROPRIATE IF

   a. Child is suicidal or seriously self- or other-destructive; and/or

   b. Child is extremely unsocialized and would be rejected by others in residence.

3. A TEMPORARY GROUP RESIDENCE OR DIAGNOSTIC FACILITY IS APPROPRIATE IF

   a. Child is school-aged or adolescent;

   b. There is a need to clarify complex personality, familial, or environmental conflicts; and/or

   c. There is need to clarify choice when long-term placement seems imminent, e.g., the degree of structure, therapy, and social systems involvement sought in a long-term resource in or out of the neighborhood.

4. A TEMPORARY INSTITUTION

   a. A temporary institution is never appropriate for the assessment process and is especially inappropriate for 0-6-year-olds, retarded children, or children with physical handicaps. 4/

CRITERIA FOR DECIDING WHETHER AND WHAT TYPE OF PERMANENT PLACEMENT IS APPROPRIATE

1. A FOSTER BOARDING HOME IS APPROPRIATE IF

a. Child is of any age (although this is essential if child is under 6);

b. Child can profit by open access to schools, friends, recreational resources, and extracurricular enrichments in area, plus phone and visiting contacts with parents and relatives; and

c. There is a plan for returning the child to the family or adoption (if the former, it should be close to the biological parents), or long-term care until the child is of age to become self-supporting;

d. Child is normal or has certain limited personality or physical handicaps, including mild retardation; and/or

e. Child has special problems and has been in residential treatment or a training school and can now use community resources. The parents will also need professional consultation and support.

BUT INAPPROPRIATE IF

a. Child rejects substitute parents and rejects living with a substitute family;

b. Child is a danger to himself or others;

c. Child cannot find acceptance in or adjust to a community school; and/or

d. Child who because of fragile ego development or extreme impulsivity needs a more structured style of living and on-site professional help.

2. AN AGENCY-OPERATED BOARDING HOME[5] IS APPROPRIATE IF

a. Child is normal or near normal, but cannot handle more intensive emotional involvement of a foster boarding home; and

b. Criteria 1(a) - 1(c) under Foster Boarding Home apply.

BUT INAPPROPRIATE IF

a. Child is dangerous to himself or others and cannot participate in community school and recreational activities, and needs a more regulated and structured environment; and/or

b. Child needs continual contact with the same set of substitute parents.

3. A GROUP HOME IS APPROPRIATE IF

   a. Child is 6 or older, or a younger child if part of a sibling group;

   b. Child is normal or only mildly retarded;

   c. Child can profit by open access to schools, friends, recreational resources, and extracurricular enrichments in area, plus phone and visiting contacts with parents and relatives; and

   d. Child cannot tolerate close emotional ties of foster family; and/or

   e. Child has special emotional problems which need more frequent professional help than is available in smaller foster home facilities.

4. A GROUP RESIDENCE IS APPROPRIATE IF

   a. Child is 6 years of age or older;

   b. Child can sustain himself in either a regular or alternate community school;

   c. Child has sufficient impulse control to maintain curfews and generally assure his/her safety in an open setting;

   d. Child is engaged in an emancipatory struggle with parents and needs more professionally-toned relationships with adult authority figures;

   e. Child returning from psychiatric hospitalization, training school or congregate care with residual problems which require on-site clinical service;

   f. Child from cultural background and/or restrictive religious sect or cult that poses acute intergenerational conflict and conflict of recognized norms, so he/she can test out freedom and heterosexual relationships in a neutral supervised setting;

   g. Child with behavioral and/or emotional disturbances which require on-site therapy;

   h. Child who has been drug or alcohol abuser and can profit from positive peer pressures; and/or

   i. Child needs more specialized programming (e.g., recreation, learning enrichment, and on-site therapy) than is possible in group homes.

5. GENERAL INSTITUTIONS FOR DEPENDENT AND NEGLECTED CHILDREN

   a. General institutions for dependent and neglected children are not an appropriate resource for children since too much is provided for the near normal child and too little is provided for the youngster needing intensive on-site professional treatment.

6. A RESIDENTIAL TREATMENT CENTER -- TYPE A -- IS APPROPRIATE IF

   a. Child is 6 years of age or older;

   b. Child is no more than mildly retarded; [6]

   c. Child is moderately disturbed;

   d. Child is seriously acting out;

   e. Child manifests deviant behavior, including drug or alcohol abuse; and/or

   f. Child needs a high level of structure and a wide range of supportive services and programs within a facility.

   BUT INAPPROPRIATE IF

   a. Child is psychotic (e.g., thought or affect disorder, self-destructive, destructive toward others, severely withdrawn); or

   b. Child is moderately or severely retarded.

7. A RESIDENTIAL TREATMENT CENTER -- TYPE B -- IS APPROPRIATE IF

   a. Child is so emotionally disturbed that he/she needs special 24-hour supervision;

   b. Child is self- or other-destructive;

   c. Child has thought or affect disorders;

   d. Child is severely withdrawn;

   e. Child engages in bizarre sexual behavior;

   f. Child is a firesetter;

   g. Child has a severe form of anorexia; and/or

   h. Child is mildly or moderately retarded and exhibits one of the other problems.

8. A GROUP HOME, GROUP RESIDENCE, OR INSTITUTION FOR THE RETARDED IS APPROPRIATE IF

   a. Child's mild or moderate intellectual impairment is coupled with severe emotional problems;

   b. Child needs extensive professional help in areas of learning skills and/or therapy; and

   c. Child needs extensive physical care.

BUT INAPPROPRIATE IF

a. Child is borderline, in which case the child should be placed in some other form of foster care depending on his/her emotional status; or

b. Child is severely or profoundly retarded, in which case he/she needs a lifetime of care in an appropriate setting, not regarded as foster placement.

9. ADOPTION IS APPROPRIATE IF

a. The parents are willing to surrender child upon consideration of their long-term and possibly permanent inability to handle responsibilities of parenthood; or

b. Parental rights have been definitively terminated by the court;[7] or

c. It is clear from the record based on contact by parents and characteristics of child that the agency should initiate procedures to terminate rights; and

d. An adoptive home can be found for this child.[8]

BUT INAPPROPRIATE IF

a. There has been recent meaningful contact[9] between child and biological family;

b. Child with conscious awareness and exposure to its advantages is unable or unwilling to accept adoption; or

c. There has been a definitive ruling by the court against termination of rights.

NOTES REGARDING THE USE OF THE SUMMARY OF CRITERIA

Page	Notes
102	1/ In the abstract and the case reading schedule, the phrases "appropriate placement" and "preferred plan" are used synonymously.
102	2/ A homemaker may be appropriate with adolescents, provided, of course, that the child does not present emotional or behavioral problems with which a homemaker is not trained to cope.
103	3/ Although a distinction is often made between day care in own home and day care in home of the care giver, we have treated them as equivalent.
105	4/ An extensive rationale for this stricture is provided in the monograph.
106	5/ The distinction between an Agency-Operated Boarding Home and a Foster Boarding Home resides in the fact that a foster home remains a private home whose owners are paid to care for youngsters, while in the agency-operated boarding home, the sponsoring agency owns the dwelling and considers the houseparents to be the staff. The State Board of Social Welfare requires that two adults care for the children on a full-time basis; in the case of a married couple, the husband may be employed outside the home. In addition to the regular house staff, the sponsoring agency must also employ a person to provide relief on a regular basis and must provide emergency coverage.
108	6/ Throughout this abstract levels of general intellectual functioning are referred to by labels rather than I.Q. levels; the equivalents are:

	I.Q.
Borderline mental retardation	68-83
Mild mental retardation	52-67
Moderate mental retardation	36-51
Severe mental retardation	20-35
Profound mental retardation	Under 20

Page	Notes
109	7/ If there is a definitive court ruling for the parent(s) to retain the child, we will be bound by that even though there may be indications that the child should be adopted.
109	8/ It is important to note that finding adoptive homes is more difficult and often impossible when a child suffers from multiple handicaps -- physical and/or emotional. For this reason, even if the child could legally be adopted, it is not always possible to recommend such a plan.

Page	Notes
109	9/ Procedures to terminate parental rights can begin if there has been abandonment for six months or if the contacts during a 12-month period have not been meaningful, that is, the parents have shown no ability or willingness to plan for the child's future. We consider an order to terminate or to place for adoption under Section 392 as definitive, as well as actual termination of parental rights.
General Note	The range of placements and alternatives to placement described do not exhaust the range of plans necessary for some children. In particular, children who suffer from serious physical handicaps, or severe or profound retardation, or severe brain damage and, therefore, require life time care do not belong in the foster care system — at least as presently conceived — since these children will not be able to be brought to even a minimal level of functioning with existing treatment by the time they reach adulthood. Children who are adjudged delinquent and exhibit a degree of violent behavior which makes them unable to engage in a treatment relationship making voluntary participation impossible — at least temporarily — also must be considered as falling outside the current foster care system.

APPENDIX D

STATISTICAL SUPPLEMENT

The four tables which follow show the current actual and preferred placement by demographic characteristics of the children in placement and awaiting placement. They are presented to illustrate both the differential impact of the system on various groups of children and need for different types of facilities, as well as characteristics of children who should be in facilities other than those they are currently in.

Sex (Table 28). While the direction of the shift between actual current placement and preferred placement is the same for both males and females, the magnitude of the current need for certain types of facilities differs between these two groups. For example, less than one percent of the females are in residential treatment type A, while almost five percent of the males are in this type of placement. An increase in this type of facility is necessary for both groups; the increase for males is only twice what is currently available, while the increase for females would be over six times what is currently available. The pattern of needs is reversed in the case of residential treatment type B; in order to meet the current need, a five-fold increase would be needed for males, while only a two-fold increase would be needed for females.

Age (Table 29). It is within the 12-18 age group that one sees the largest deficits in terms of appropriate facilities and it becomes obvious that it is for this age group that services have to be developed; for example, one would have to create approximately 50 percent more group homes, 79 percent more group residences, 350 percent more residential treatment centers type A, and over 600 percent more residential treatment centers type B.

Ethnicity (Table 30). In terms of ethnicity, increased or decreased needs cut across ethnic lines, but do affect the groups differently. Using residential treatment again as an example, one can see that while currently 8.7 percent of the white, 0.6 percent of the Hispanic, and 1.9 percent of the black children are currently in type A facilities, in order for the children to be appropriately placed, 11 percent of the white, 5.5 percent of the Hispanic, and 7.3 percent of the black children should be in such facilities. Thus, there is a need to increase this type of facility for all ethnic groups but the need is more acute for the Hispanic and black groups than is true for the white group. This pattern holds true for residential treatment type B as well as for group homes and residences.

Religion (Table 31). Again, certain patterns seem to be clear in terms of facilities needed by the various religious groups. In terms of treatment facilities the need for the development of such services for the Protestant and Catholic groups is much more pressing than for the Jewish group. As noted in the main text of the study, Jewish children tend to be appropriately placed more than either of the other two groups and therefore the shift in the pattern of facilities needed to serve this group is much less drastic than is true of the other religious groups.

TABLE 28
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT ACTUAL AND PREFERRED PLACEMENT AND SEX

Types of Placements	Actual Placement			Preferred Placement		
	Total	Female	Male	Total	Female	Male
Temporary foster home	3.6	4.3	3.0	2.9	4.2	1.8
Temporary group care	1.3	1.6	1.0	2.0	2.6	1.5
Foster home/agency-operated boarding home	45.3	48.6	42.5	34.1	35.8	32.7
Group home	5.3	4.2	6.2	7.7	5.4	9.7
Group residence	1.7	0.9	2.4	2.8	2.6	3.0
General institution	13.3	9.5	16.5	--	--	--
Residential treatment type A	3.0	0.9	4.8	7.6	5.4	9.5
Residential treatment type B	0.9	0.7	1.0	3.4	1.4	5.2
Institution for the retarded	0.9	0.5	1.2	1.4	1.0	1.6
Foster home, prospective adoptive	15.4	19.1	12.3	13.3	16.5	10.5
Awaiting placement	3.0	2.9	3.1	--	--	--
At home, suspended payment	4.8	4.9	4.8	3.0	3.5	2.5
Detention	0.6	0.2	1.0	--	--	--
Other	0.9	1.7	0.2	1.5	1.7	1.3
Own home	--	--	--	7.5	6.9	8.0
Adoption	--	--	--	12.3	12.1	12.5
Lifetime care	--	--	--	0.5	0.9	0.2
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	13,709	16,017	29,726	13,709	16,017

TABLE 29
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT ACTUAL AND PREFERRED PLACEMENT AND AGE

	Actual Placement						Preferred Placement					
		Age						Age				
Types of Placements	Total	Under 3	3-6	6-12	12-18	18+	Total	Under 3	3-6	6-12	12-18	18+
Temporary foster home	3.6	20.4	5.5	2.8	1.0	—	2.9	18.3	6.1	2.1	—	—
Temporary group care	1.3	—	—	1.2	2.2	—	2.0	—	0.6	1.6	3.4	—
Foster home/agency-operated boarding home	45.3	53.8	59.4	46.9	35.9	62.0	34.1	36.6	37.6	37.7	27.8	48.3
Group home	5.3	—	—	2.5	10.5	3.5	7.7	—	—	2.6	15.5	12.0
Group residence	1.7	—	—	0.2	3.4	5.1	2.8	—	—	—	5.9	8.6
General institution	13.3	—	2.4	10.7	21.8	10.3	—	—	—	—	—	—
Residential treatment, type A	3.0	—	0.6	3.0	4.5	—	7.6	—	0.6	4.2	14.7	3.5
Residential treatment, type B	0.9	—	—	1.2	1.2	—	3.4	—	—	2.6	6.3	—
Institution for the retarded	0.9	—	—	0.2	1.6	3.5	1.4	—	—	0.7	2.4	3.5
Foster home, prospective adoptive	15.4	19.4	26.1	23.1	6.1	3.5	13.3	19.3	23.6	19.1	5.2	1.7
Awaiting placement	3.0	2.1	2.4	2.8	4.0	—	—	—	—	—	—	—
At home, suspended payment	4.8	4.3	3.6	5.4	4.4	8.6	3.0	4.3	2.4	3.0	2.2	8.6
Detention	0.6	—	—	—	1.6	—	—	—	—	—	—	—
Other	0.9	—	—	—	1.8	3.5	1.5	—	—	1.4	2.2	3.5
Own home	—	—	—	—	—	—	7.5	4.3	8.5	9.1	7.3	—
Adoption	—	—	—	—	—	—	12.3	16.1	20.0	15.4	6.7	10.3
Lifetime care	—	—	—	—	—	—	0.5	1.1	0.6	0.5	0.4	—
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	2,213	3,927	10,210	11,996	1,380	29,726	2,213	3,927	10,210	11,996	1,380

TABLE 30
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT ACTUAL AND PREFERRED PLACEMENT AND ETHNIC GROUP

	Actual Placement				Preferred Placement			
		Ethnic Group				Ethnic Group		
Types of Placements	Total	White (non-Hispanic)	Black and Other	Hispanic	Total	White (non-Hispanic)	Black and Other	Hispanic
Temporary foster home	3.6	4.7	3.4	3.2	2.9	2.8	2.3	4.2
Temporary group care	1.3	1.2	1.3	1.3	2.0	2.0	1.9	2.3
Foster home/agency-operated boarding home	45.3	42.1	49.1	39.6	34.1	39.0	33.5	31.5
Group home	5.3	4.7	4.9	6.8	7.7	5.1	7.5	10.3
Group residence	1.7	3.5	1.3	1.0	2.8	4.7	2.2	2.6
General institution	13.3	8.7	11.4	21.2	—	—	—	—
Residential treatment, type A	3.0	8.7	1.9	0.6	7.6	11.0	7.3	5.5
Residential treatment, type B	0.9	2.4	0.4	0.6	3.4	5.9	2.9	2.6
Institution for the retarded	0.9	4.0	0.2	—	1.4	4.7	0.6	0.3
Foster home, prospective adoptive	15.4	11.8	17.0	15.1	13.3	10.6	14.0	13.8
Awaiting placement	3.0	4.3	2.6	2.9	—	—	—	—
At home, suspended payment	4.8	3.5	4.5	6.4	3.0	2.8	2.8	3.5
Detention	0.6	0.4	1.0	—	—	—	—	—
Other	0.9	—	1.0	1.3	1.5	1.2	2.1	0.6
Own home	—	—	—	—	7.5	4.7	5.7	13.8
Adoption	—	—	—	—	12.3	4.7	16.8	8.7
Lifetime care	—	—	—	—	0.5	0.8	0.4	0.3
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	6,045	16,268	7,402	29,726	6,045	16,279	7,402

TABLE 31
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY CURRENT ACTUAL AND PREFERRED PLACEMENT AND RELIGION

Types of Placements	Actual Placement					Preferred Placement				
		Religion					Religion			
	Total	Catholic	Jewish	Protestant	Other	Total	Catholic	Jewish	Protestant	Other
Temporary foster home	3.6	4.5	3.3	2.7	2.9	2.9	4.4	1.6	1.5	2.9
Temporary group care	1.3	1.2	--	1.6	--	2.0	2.2	--	2.0	2.9
Foster home/agency-operated boarding home	45.3	43.5	31.2	48.9	42.8	34.1	36.0	32.8	32.9	22.8
Group home	5.3	5.9	--	5.4	2.9	7.7	8.2	1.6	7.9	5.7
Group residence	1.7	1.0	11.5	1.2	2.9	2.8	2.5	9.9	2.2	5.7
General institution	13.3	15.6	1.6	11.9	17.1	--	--	--	--	--
Residential treatment, type A	3.0	2.0	21.3	2.1	--	7.6	6.4	19.7	7.7	5.7
Residential treatment, type B	0.9	0.8	4.9	0.4	2.9	3.4	3.2	6.6	3.4	2.9
Institution for the retarded	0.9	0.2	13.1	0.2	2.9	1.4	0.8	13.1	0.5	2.9
Foster home, prospective adoptive	15.4	15.8	1.6	17.3	5.6	13.3	14.2	1.6	14.0	5.7
Awaiting placement	3.0	2.9	6.6	2.9	2.9	--	--	--	--	--
At homw, suspended payment	4.8	5.5	3.3	3.8	11.4	3.0	3.0	3.3	2.7	5.7
Detention	0.6	0.3	1.6	0.9	--	--	--	--	--	--
Other	0.9	0.8	--	0.7	5.7	1.5	0.8	3.3	1.6	8.6
Own home	--	--	--	--	--	7.5	7.9	4.9	6.8	17.1
Adoption	--	--	--	--	--	12.3	9.7	1.6	16.4	11.4
Lifetime care	--	--	--	--	--	0.5	0.7	--	0.4	--
Total - percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total - number	29,726	14,209	1,451	13,233	833	29,726	14,209	1,451	13,233	833

In sum, the lack of treatment facilities and group homes and residences is unevenly distributed. There are shortages for all groups, but the groups that suffer most include the blacks and Hispanics, the Catholics and Protestants, the older children, and the female children.

One can also look at the differential impact of the system on the major ethnic groups in terms of the number of placements and time of continuous placement in the current cycle. Table 32 shows that the number of placements is remarkably similar for blacks, Hispanics, and whites; 69.3 percent of the white children had been in either one or two placements as compared to 68.2 percent of the black and 69.4 percent of the Hispanic children.

With respect to the length of time in continuous placement (Table 33), we see, as above, fundamental similarity between the white, Hispanic, and black groups; however, 16.5 percent of the white children were in care less than a year as compared to 14.5 percent of the Hispanic children and only 13.4 percent of the black children. Considerably fewer Hispanic children had been in care 10 or more years (11.6%) than either white or black children (20%), but 28 percent of the Hispanic children had been in care for from five to 10 years compared to 20.5 percent for whites and 24.7 percent for the blacks.

TABLE 32
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY TIME IN CONTINUOUS PLACEMENT BY ETHNICITY

		Ethnicity		
Time in Continuous Placement	Total	White (non-Hispanic)	Black and Other	Hispanic
Less than 1 year	14.3	16.5	13.4	14.5
1 to 2 years	12.2	12.2	12.0	12.9
2 to 3 years	10.6	12.6	10.1	9.9
3 to 5 years	16.2	13.8	15.8	19.3
5 to 10 years	24.7	20.5	24.7	28.0
10 years or more	18.2	20.1	20.5	11.6
Unknown	3.8	4.3	3.8	3.5
Total - percent	100.0	100.0	100.0	100.0
Total - number	29,726	6,045	16,279	7,402

TABLE 33
PERCENT DISTRIBUTION OF NEW YORK CITY CHILDREN IN FOSTER CARE OR AWAITING PLACEMENT BY ETHNIC GROUP AND NUMBER OF PLACEMENTS IN CURRENT FOSTER CARE CYCLE

		Ethnic Group		
Total Number of Placements	Total	White (non-Hispanic)	Black and other	Hispanic
One	34.6	37.4	35.3	31.2
Two	34.0	31.9	32.9	38.2
Three	13.9	9.4	16.5	11.6
Four	6.2	8.7	6.0	4.5
Five	3.1	2.4	3.4	3.2
Six or more	3.3	3.9	1.8	5.8
Unknown/not applicable	4.9	6.3	4.1	5.5
Total - percent	100.0	100.0	100.0	100.0
Total - number	29,726	6,045	16,279	7,402

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Foster Care Needs and Alternatives to Placement

A Plan for Action

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A PLAN FOR ACTION

The report, *Foster Care Needs and Alternatives to Placement*, documents the facts which indicate that to a significant extent the child care system in New York City has not been sufficiently responsive to the current needs of families and children requiring services. Specifically, the foster care system has not adjusted to the drastic and rapid changes in the age distribution of the population it serves or to the needs of the increasing numbers of adolescents and emotionally disturbed children in care.

The child care system in New York City is extraordinarily complex. More than 80 voluntary agencies care for about 85 percent of the children receiving foster care service, while Special Services for Children purchases care and maintains responsibility for children placed with the voluntary agencies and at the same time, provides care *directly* for the remaining 15 percent of the children in care. The question arises whether so complex a system is viable. Can this large group of varied and autonomous voluntary agencies respond effectively and efficiently to the range of needs of New York City children at risk and provide the variety of services in the necessary volume and pattern?

An adequate answer to the question posed must be based on a review of both the strengths and weaknesses of the current system. This system is complicated, but it has provided for many thousands of New York City children at risk services of a degree of excellence and sophistication greater than can be found elsewhere in our nation. The range and variety of services available are unmatched in other locales, and the overall volume of service provided is far beyond that of any other child care service delivery system.

The weaknesses in the system are related to the strengths. While programs of exceptional quality exist, certain specialized services are not adequate for the number of individuals requiring specialized care. As this report indicates, the changes in age, race, and special needs of the child care population requiring services have not been sufficiently reflected in a reprogramming of the system. Parenthetically, however, it must be pointed out that any system which in four years can expand its services for adolescents from a population of 8,338 to 12,021 adolescents certainly deserves commendation. Finally and most seriously, endemic to the system is a damaging inconsistency in decision-making with regard to the service needs of each individual child. No consistent criteria have been used in developing and revising service plans for children in care.

The New York State Board of Social Welfare recognizes the need for vigorous action to correct the system's deficiencies, but it is also cognizant of the major contribution which the voluntary agencies have made to meeting the needs of families and children. The Board is also governed by a sense of reality. With so large a share of foster care services in the city provided by the voluntary sector, realism dictates that means be found to remedy current defects. Conversion to a totally public system, however, with all the concomitant implications of costs and resource development is not practical. The Board's Plan for Action is related to the deficiencies the report has identified. The Board has accepted the objectives for appropriate services as designated in the report. Clearly those objectives cannot be achieved immediately. Therefore, the plan includes time periods for the achievement of each goal. The plan follows.

A. Criteria for the placement of children in foster care or alternatives to placement have been unclear and inconsistently applied, and as a result a large proportion of children in foster care are inappropriately placed.

1. The New York State Board of Social Welfare will soon convene a small advisory task force of experts from the child care and child development service systems to review the criteria published and used in this study to determine appropriateness of care. Upon completion of the review, the Board will consider amendments or additions to Board rules and requirements to encourage consistent criteria for decision making.

2. Staff of the Metropolitan Office review and evaluate on a regular basis the agencies serving New York City which the Board supervises. During these evaluations a sample of over five percent of all cases in an agency's care are reviewed. The Board will use the standardized criteria in its regular review of case records. While the frequency of evaluations is limited by staff shortages, the reviews will provide a sound process for monitoring agency performance and assessing the functioning of the entire system.

B. The study documents the need for services to families and children which would (1) prevent entry into foster care or (2) support discharge plans. While an initial investment is required to create or expand such services, the savings in human terms and the cost benefits are immediate. The lack of funding for community-based preventive and supportive services for families at risk has often led to the inappropriate entry of many children into the foster care system. The Board has assigned highest priority to the task of developing preventive services. This should be accomplished within a period not to exceed two years.

1. The New York State Board of Social Welfare will continue its efforts to stimulate larger appropriations for alternative services. Legislation and funding approved by the State Legislature this year will be helpful in expanding family services, since there is now provision for reimbursement by the State for preventive programs as well as an appropriation for the 1975-76 fiscal year.

The Board will encourage New York State Department of Social Services to assign highest priority to the use of public funding for such programs. A minimum of $9 million is required to meet current estimated need; this is less than one-half the amount required if the children who could be returned to their own homes are not served there but remain instead in the least expensive type of foster care (i.e., foster homes).

2. Currently, manpower resources in the child care agencies are assigned to assess the needs of families of children in care or awaiting care. These staff, however, are often located in offices distant from the families at risk. The Board will work with the voluntary agencies and New York City Department of Social Services to encourage the shifting of existing manpower as well as any new resources to the neighborhoods from which most of the foster care population come. The appropriate location of staff would provide for more efficient and effective use of staff time and for improved knowledge of whatever community services exist. More important, the staff would be accessible to the families.

3. The Board will request that NYCDSS and all authorized agencies review on a priority basis all cases of children in care to ascertain each situation in which a child can be discharged and if the appropriate services are available to the child and family upon the child's return home. Further, the Board will make every effort to arrange for children who could be discharged from foster care to receive services from existing preventive programs on a priority basis.

C. Severe deficiencies in adoptive planning are a major focus of the report. The Board estimates that a minimum of three years will be required to correct these deficiencies.

1. The Board will recommend that the New York State Department of Social Services and the New York City Department of Social Services finance in full the costs related to freeing and placing children for adoption. The current system does not provide for total reimbursement for such costs. Although the $19 million required over the three-year period to implement the necessary adoptions represents a "new" expense, about two-thirds of the costs are non-recurring, hence the legal fees and casework charges will be paid only once, and a saving of at least $28 million per annum would result if these children were no longer in placement; since the average length of stay for the children is more than five years if they are not adopted, $140 million total savings can be estimated.

Since the number of children needing adoption is so large and so much greater than the current system's capacity, the New York City Department of Social Services will be asked to identify priority target populations of children requiring adoption or for whom planning can be implemented. Such sub-groups may include children in foster homes already freed for adoption and children under the age of six who have not been visited for one year. The necessary resources to free and/or place such children must then be mobilized; the effectiveness of the effort will be monitored on an annual basis to assess the degree to which the objectives are achieved.

2. The study indicates that more than twice as many children should be placed for adoption as are now in the adoption process. A doubling of the volume of adoptions will require attitudinal changes on the part of many staff and improved skills to identify the children now in foster care who should be adopted. The Board will require all authorized agencies to develop intensive training programs designed to heighten staff sensitivity to each child's need for a permanent home and to extend staff capabilities in adoptive planning.

3. Many of the children who would benefit from adoption are in foster homes. Since warm relationships will have developed in many such instances and since these homes are the most logical source for the very large supply of adoptive homes required, the Board will request that each authorized agency undertake a review and report of its current foster homes to identify all those which could become adoptive homes.

4. The Board will continue to work with agencies and adoptive parent groups to refine current techniques for recruiting and screening adoptive applicants. Special emphasis will be given to identifying the applicants who would be most responsive to older and handicapped children.

D. A major expansion of group homes and group residences is recommended in the report. At the present time community opposition and high costs for renovation and rentals constitute serious constraints to this expansion. The Board has estimated that the expansion of these facilities by about 2,000 places can be accomplished in three years.

1. The Board will examine with the child care agencies steps which can be taken to mobilize support and understanding of these programs. Civic organizations, political leaders, and the media must be more effectively involved in community education.

2. The Board will attempt on a geographic basis to develop a roster of all community-based residential facilities existing or planned. Such a roster will include facilities operated or funded by the Department of Mental Hygiene and the Division for Youth, nursing homes, health-related facilities, homes for adults, and facilities for the drug addicted as well as group homes and group residences. This roster will provide a comprehensive guide to encourage appropriate distribution of new child care facilities, since community opposition is often generated by over-saturation of an area.

3. Board staff will continue to assign high priority to the processing of approvals for new community-based facilities. The number of children in group homes and residences in 1971 was 1,200; on September 1, 1975, over 2,500 children were in these settings.

4. Since costs for the expansion of these facilities will be high, the Board will explore with the agencies possible new sources of

funding. For instance, since community-based programs are consonant with provisions of the Juvenile Delinquency Act, it is possible that financial support for group homes and residences can be obtained from this source; these funds might best be targeted for training prospective professional and paraprofessional workers.

Rents for group homes are sometimes exorbitant in relation to the actual costs of renovations required. New ways to finance such requirements will be analyzed. Possible savings from renting subsidized housing units will also be analyzed.

E. Residential treatment resources are currently required for more than 2,600 children for whom such care is not available; by 1980, the deficit for residential treatment will be in excess of 3,200 places. The costs for such care are high, since skilled professional time must be financed for effective treatment of these troubled children. At the same time, there are children now being cared for in general institutions (which provide a less intensive level of care), some of whom (1) could benefit from foster home or group home/residence placements or (2) require the more intensive services of a residential treatment setting.

The five-year period designated by the Board for the development of the needed residential treatment centers recognizes that progress may be rapid initially, since a number of institutions have already begun to phase in treatment programs. Other settings, however, may require lengthy periods for reprogramming.

1. The Board will review with the voluntary and public agencies each existing institution in order to identify which facilities and which

campuses can be converted to residential treatment centers. In this review, it will take account of the fact that many institutions have already begun to develop treatment components and in effect are in a state of evolving as residential treatment centers. Upon completion of these reviews, the Board will provide assistance as appropriate to expedite conversion; in those instances where a general institution should be closed, the Board will work with the relevant agency to develop sound plans for phasing out the general institution program.

2. Conversion of general institution settings to residential treatment centers will involve substantial capital costs and will increase the costs for care, maintenance and treatment. The development of new facilities is even more costly. It becomes most important because of the costs involved to maximize federal funding through Title XIX, with federal reimbursement rate of 50 percent. The Board will request New York State Department of Social Services and the Department of Health to cooperate in designating whenever appropriate and possible residential treatment centers (type B) as Intermediate Care Facilities eligible for Title XIX.

3. As residential treatment centers are expanded, the single most important factor in their effective development is the intensive training of staff at every level. In converted general institutions as well as in any new treatment facilities, the Board will require appropriate training by persons experienced in the delivery of such specialized services.

F. The report cites the oversupply of foster homes which currently exists and indicates that for the future a decline in foster homes required will be continued. An analysis of foster home needs and possible changes in this program will be accomplished within a two-year period.

1. The reduction in number of foster homes required for younger children provides an opportunity to phase out the least effective of the current homes. The Board will request that agencies review their certified homes in order to identify those foster homes providing the best service and to plan for the phasing out of less acceptable homes.

2. The data for foster homes further indicate that the opportunity now exists to modify the Board's criteria for certifying foster homes in order to ensure high-quality care and responsiveness to current child care needs. The Board will examine with the child care agencies how recruitment practices and the screening/training of foster parents can be improved.

3. Many current foster care families would be fine adoptive parents. As mentioned in the adoption section, the Board will require that voluntary and public agencies review their rosters of foster families to determine which families would be interested in and eligible to become adoptive families.

G. The report indicates that the appropriate pattern of placements and alternatives to foster care (including service outside the traditional foster care system) would have cost an estimated additional $13.5 million as compared to the current situation in which more than two-fifths of children in foster care are inappropriately placed. This figure also includes $19 million for adoption costs, which would actually be spent over a period of three years. Without appropriate reallocations, the foster care system will continue to provide services which for many children are not only inappropriate but more costly than required. Thus, the foster care budget could reflect over the next ten years incremental increases far greater than those projected for the provision of appropriate care.

To prevent this, major expenditures which total $117 million are required for family services ($9 million), adoption services ($19 million), residential treatment services ($49 million), and group home and residence care ($21 million). The major portion of these increases can be met with offsets related to reductions in foster home care and general institutions. These estimated savings, which total $104 million, include almost $7 million for care in temporary institutions, $67 million for long-term care in general institutions, and about $20 million on foster homes.

Although the additional $13.5 million which the report postulates (or the additional $20 million per year required by 1980) may seem like a large sum at a time of fiscal crisis in the state and city, the expenditures will not all occur in one year; in addition, a large part of the additional cost will be met from federal sources (for instance, federal revenues for ICFs if obtained would cover the total increase) and possibly from philanthropic funds. Thus, state and local commitments can be minimized.

During the next year, the Board will undertake the following steps.

1. The Board will advocate that if possible Title XX funds be used to fund the family services and adoption costs. If this is not possible, the Board will press for state/local funding inasmuch as con-

tinued foster care for children who could be served by these programs will be twice as costly. Thus, after the initial outlay, actual savings would occur.

2. The Board will encourage philanthropic foundations to make grants to cover the capital costs of developing small community-based congregate facilities, as well as stimulating the appropriation of public funds for this purpose.

3. The Board will request, as indicated earlier, that policy be developed with regard to funding residential treatment centers (type B) with Medicaid resources. This funding, with 50 percent federal reimbursement, would reduce the required state/local funding by as much as $20 million.

K. In order to implement the action required for sound systemic change, both specialist staff and additional generalist staff are needed in the New York State Board of Social Welfare, Metropolitan Office. The additional generalist staff are needed in order to visit, inspect and supervise facilities and review the case records. The specialist staff should consist of persons of demonstrated expertise in specific areas, such as education, psychiatric services, adoption procedures, training and proposal writing. Although Section 750 of the Executive Law does not expressly provide for such a staff, this would seem to be consistent with the responsibilities of:

--making rules governing the operation of foster care, and

--visiting, inspecting, and supervising facilities caring for the dependent, neglected, and delinquent youths.

1. The Board will request governmental and philanthropic support for the staff required.

2. The New York State Board of Social Welfare in cooperation with the New York City Department of Social Services and the New York State Department of Social Services plans to monitor trends in the characteristics of the child population, in order to predict future service needs. To a large extent, current deficits in service are related to a lack of systematic analysis of the impact on the child care system of birth rates and immigration, as well as policies and practices in other agencies (in the courts, DMH, DFY, public schools, etc.). The population estimates developed in this study provide a baseline against which such analysis can occur. Thus, the study lays out projected needs based on estimates related to birth rates, immigration, and economic growth. Changes in these indicators will have implications for service needs. Such information must in the future be shared with the child care agencies.

The Plan for Action has as its ultimate goal systemic change to produce major shifts in the provision of services to children and families. The objectives of the Board are clearly and succinctly presented in the following tables. In undertaking the Plan for Action, the Board is directing its most vigorous efforts to the achievement of these specific objectives.

ACTUAL AND APPROPRIATE PLACEMENT[1] OF NEW YORK CITY CHILDREN CURRENTLY IN FOSTER CARE, AWAITING PLACEMENT, DISCHARGED FROM PSYCHIATRIC WARDS 2/ OR ON PROBATION 3/, DECEMBER 1974, AND PROJECTED NEEDS OF FOSTER CARE FACILITIES - 1980,1985

Type of Placement	December 1974				December 1980			December 1985		
	Actual Placement	Appro. Placement	Surplus (Actual exceeds Appr.)	Deficit (Appro. exceeds Act)	Placements Needed	Surplus (Need less than 1974 Actual	Deficit (Need exceeds 1974 Actual	Placements needed	Surplus (Need less than 1974 actual)	Deficit (Need exceeds 1974 actual)
Own home	3,632	4,163		531	*	*	*	*	*	*
Temporary Foster Care										
Foster home	1,071	873	198		867	214		805	266	
Group home	48	226		178	273		225	248		200
Group residence	119	412		293	482		363	439		320
General institution	214		214			214			214	
Long-Term Foster Care										
Foster homes	13,185	9,737	3,448		10,902	2,283		9,931	3,254	
Agency-op. boarding home	286	478		192	538		252	490		204
Group home	1,571	2,464		893	2,921		1,350	2,660		1,098
Group residence	500	1,030		530	1,214		714	1,107		607
General institution	3,951		3,951			3,951			3,951	
Res. treatment Type A	881	2,500		1,619	2,946		2,065	2,680		1,799
Res. treatment type B	262	1,274		1,012	1,502		1,240	1,365		1,103
Institution for retarded	262	412		150	491		229	447		185
Fos. home, pros. adoptive	4,593	3,951	642		4,297	296		3,917	676	
At home, susp. payment	1,428	881	547		988	440		902	526	
Other										
Secure detention	190		190			190**			190**	
Adoption		3,669		3,669	*	*	*	*	*	*
Lifetime care		143		143	*	*	*	*	*	*
Other/record unclear	374	404		30	533		198	482		78
Total - Own Home	3,632	4,163								
- Adoption		3,669								
- In placement	28,935	24,647			27,953			25,473		
- Lifetime care		143								

Notes for Table

1/ Includes own home.

2/ Since children discharged from psychiatric wards to foster care were already in care and included in the 1974 actual total, they were not added a second time. The surplus or deficit for children in psychiatric wards was added to the appropriate placement, 1974 totals.

3/ Excluded from the appropriate total were 160 children from psychiatric wards and on probation whose appropriate placement was Division for Youth facilities and 25 children from these two groups whose appropriate placement was Dept. of Mental Hygiene facilities. Excluded from the 1974 actual totals were 229 children from psychiatric wards who were placed in DFY or DMH facilities.

* In the projection, we are assuming that no child who should be home, in lifetime care, or already have been adopted will be in the foster care system. Note, however, that we are assuming continued need for prospective adoptive homes within the foster care system.

** The surplus of 190 children in secure detention is carried over from 1974. It is assumed that all of these children will be properly placed by 1980.

ESTIMATED EXPENDITURES FOR FOSTER CARE IN NEW YORK CITY
FOR CURRENT AND APPROPRIATE PLACEMENT, 1976
AND PROJECTED APPROPRIATE PLACEMENT, 1980 AND 1985
(In Thousands of Dollars)

Types of Placements	1976						1980			1985		
	Current			Appropriate								
	Total	Maintenance	Medicaid	Total	Maintenance	Medicaid	Total	Maintenance	Medicaid	Total	Maintenance	Medicaid
Grand Total	252,805	223,622	29,183	266,300	220,849	36,251	285,407	237,819	38,388	258,246	208,189	27,870
Temporary Foster Care--Subtotal	23,751	22,504	1,247	15,654	13,604	2,050	17,696	15,348	2,348	16,146	14,005	2,141
Foster home	5,528	5,075	453	4,506	4,136	370	4,487	4,119	368	4,155	3,814	341
Group home	738	675	63	3,475	3,178	297	4,210	3,850	360	3,824	3,488	336
Group residence	2,217	1,817	400	7,673	6,290	1,383	8,999	7,379	1,620	8,177	6,703	1,474
General institution	7,271	6,940	331	—	—	—	—	—	—	—	—	—
Secure detention	7,997	7,997	1/	—	—	—	—	—	—	—	—	—
Long-Term Foster Care--Subtotal	219,442	196,889	22,553	208,049	183,733	24,316	241,126	212,764	28,362	218,610	192,981	25,629
Foster home	68,050	62,467	5,583	50,254	46,131	4,123	56,421	51,792	4,629	51,255	47,050	4,205
Agency-operated boarding home	3,053	2,932	121	5,103	4,901	202	5,739	5,531	208	4,911	4,716	195
Group home	24,158	22,094	2,064	37,891	34,653	3,238	45,041	41,192	3,849	40,904	37,409	3,495
Group residence	8,238	7,322	916	16,970	15,083	1,887	20,058	17,827	2,231	18,239	16,231	2,008
General institution	66,813	58,910	7,903	—	—	—	—	—	—	—	—	—
Residential treatment type A	15,854	13,381	2,473	44,986	37,969	7,017	53,157	44,865	8,292	48,285	40,763	7,522
Residential treatment type B	5,290	4,153	1,137	25,780	20,451	5,329	30,406	23,870	6,536	27,557	21,633	5,924
Institution for the retarded	4,281	3,870	411	6,733	6,086	647	8,046	7,273	773	7,304	6,602	702
Foster home, prospective adoptive	23,705	21,760	1,945	20,392	18,719	1,673	22,218	20,414	1,804	20,213	18,557	1,656
At home, suspended payment	—	—	—	—	—	—	—	—	—	—	—	—
Adoption--Subtotal	—	—	2/	18,943	18,943	—	3,675	3,675	—	1,903	1,903	—
Foster Care--Total	243,193	219,393	23,800	242,646	216,280	26,366	262,497	231,787	30,710	236,659	223,339	20,933
Other Systems--Subtotal	9,612	4,229	5,383	14,454	4,569	9,885	13,710	6,032	7,678	12,387	5,450	6,937
Lifetime care	—	—	—	4,071	—	4,071	—	—	—	—	—	—
Other/record unclear	9,612	4,229	5,383	10,383	4,569	5,814	13,710	6,032	7,678	12,387	5,450	6,937
Alternative Services--Subtotal			3/	9,200			9,200 4/			9,200 4/		
Comprehensive family center				1,555								
Casework agency				1,902								
Child guidance				1,240								
Homemaker				1,385								
Family day care				—								
Day care center				—								
Day treatment				1,833								
Alternate or special education				—								
After-school recreation				—								
Drug/alcohol rehabilitation				619								
Housing assistance				666								
Other				—								

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Representative **Hall**. Thank you for your testimony.

I think earlier in the testimony you said something about 7 percent in New York City could be returned to their homes if these services were available.

Dr. **Morrison**. That is our reading of the Bernstein report to date.

Representative **Hall**. Is it not a sad situation that it is only 7 percent?

Dr. **Morrison**. Yes. I certainly agree.

Representative **Hall**. I am surprised that it is that low.

Thank you.

Next is Dr. Pancost of the Children's Home Society of California.

Mr. **Pancost**. I thank you for inviting me to appear here today. You have the written statement and appendixes to the statement.

Therefore, I will briefly summarize.

The Children's Home Society of California is a statewide nonprofit agency experienced in helping children and families for more than 84 years.

We believe we have demonstrated what good services can be.

Detailed examples of what we have been able to do for children and families are in our statement, but I would like to highlight them.

Before I do, I would like to stress there is a need to avoid the dichotomy of prevention versus foster care used on a selective basis. You really need both.

The first example is of a 13-year-old girl, which is an illustration of goal-directed case management and the differential or selected use of a foster family setting for her.

Debbie, whose mother said she could not control her, was reacting in several ways: hyperactive, destructive, hostile, sexually precocious.

Debbie's school experiences after 2 years in special education for the emotionally handicapped, were that she had poor grades, there was disruption in classes, a hatred for her school, and everyone in it.

Juvenile authorities referred Debbie to us because she seemed headed for delinquency. After counseling for the mother and other children in the family, and 7 months in one of our special foster homes, Debbie moved back home.

Debbie's home environment has not changed much from the way it was. Her mother is emotionally unstable, her 14-year-old sister is engaged to be married, and the younger children still whine and cry. But Debbie is handling it.

She is doing better in school, she is still in communication with her foster parents, and her social worker, and is keeping in contact with the teen programs at a church she attended while living with her foster parents.

The second case is that of a 4-year-old girl, and is an illustration that special needs children can become adoptable.

Angie has been in the Children's Home Society care since she was born as a relinquished child. She weighed 3 pounds 9 ounces at birth. She spent her first 18 months fighting for her life, and undergoing medical treatments of various kinds.

The next 18 months were spent trying to help Angie improve her development. By 3 we decided Angie could be adopted if the right family could be found. But at this point Angie's foster mother, who had nurtured her for the first 3 years of her life, had to have major surgery.

The next foster mother could not cope with Angie's special problems. A third foster home developed internal family stress related to Angie's particular problems.

However, we did find, through one of the couples coming to us during the hectic period of the Vietnamese "Operation Baby Lift," this couple had had experience with similar developmental problems in their own family. They soon wanted to adopt Angie, but the lifelong medical expenses were such that they could not insure giving her the care she needed. It looked like they might have to remain foster parents to insure that Angie would receive continuing medical care through MediCal.

State regulations could not be changed in regard to the particular prepaid insurance plan of the foster parents.

It might have ended there had the foster father not received a job offer from another city. The first thing he checked was whether he would be covered by a group medical plan, or would have group insurance enabling him to select his own doctor, and thus enabling him and his wife to provide private medical care under MediCal for Angie.

This case illustrates the problem in terms of certain kinds of regulations related to the medical expenses for the special needs youngsters that need to be looked at, or otherwise children might remain on in foster care needlessly.

This is an example of good recruitment and selection and work with the family toward adoption of this 4-year-old girl.

The overriding problem is money in all foster care. Finances make the job difficult for us in the voluntary agencies. Funding problems which generally translate into children without caseworkers in many public agencies make good foster care impossible in much of the child welfare sector.

Fragmentation is also a part of it, with different networks, different rules, and virtually no coordination.

The legal aspects are a tangle, with the overlapping and conflicting rights of the child's biological parents, the foster parents, and adoptive parents all to be considered.

Supportive services, as I have indicated, with the example of Angie's long term medical needs, are difficult to provide.

For some children there is no way, even to get the problems diagnosed.

Finally, at the Federal level, there is nearly a complete lack of effective response, unmet children's needs, and complaints around title 4(b) appropriations.

Unmet needs abound, but title 4(b) appropriations remain frozen, and title 20 appears to have built-in fatal flaws.

Too often, adding new and inadequate authorizing legislation has been seen as providing solutions for these problems. However, the real answers will be more complicated, and more expensive in the short run, and require decisive action by our elected officials.

I am pleased that you have begun to seek ways of coming up with realistic solutions by holding these hearings.

Thank you.

Representative HALL. I want to thank you for your testimony.

I would ask one question.

I think in your closing remarks you made the statement that there is no way to get some of these problems diagnosed.

Did I understand you correctly?

Mr. PANCOST. That is correct.

Representative HALL. I do not like that. Why do you think that should be a situation in a society such as ours?

Mr. PANCOST. It is not that we do not know how. It is that, for example, in some States the reimbursement under medicaid is so low that for a $30 test, psychological test, they pay $5, so that there is a discrepancy in terms of what we know needs to be done, and the financial base by which we have to achieve this.

I asked the Child Welfare League to assist me with this, and they have provided information that many children with problems are not even seen by appropriate professionals: 25 percent of those who may be intellectually retarded never have been tested by a psychologist; 35 percent of those children with behavioral or emotional problems have never been seen by a mental health professional; 32 percent with speech difficulties have never been seen by a speech pathologist; 50 percent of those children which have toilet disfunction disorders have never been assessed for that problem.

Then the study goes on to say that medicaid pays only $5 to a fully qualified professional for administering IQ tests, and so forth, and this is in my basic testimony.

Representative HALL. Are these facts and figures that you are now giving us statewide or nationwide?

Mr. PANCOST. This is a major State, not California, but it is an example.

Representative HALL. It is almost impossible to get a sociological profile, did you say?

Mr. PANCOST. That is correct, in terms of being able to receive funds for $5, and the going cost is $30. This is what is standing in the way of proper diagnosis.

Representative HALL. Is this fully documented in your statement?

Mr. PANCOST. Yes.

Representative HALL. Very good.

Thank you very much, gentlemen, for your testimony.

[Whereupon, at 12:45 p.m., the subcommittee recessed, subject to the call of the Chair.]

APPENDIX

I. BACKGROUND INFORMATION

Honorable Walter F. Mondale
United States Senate
Washington, D. C. 20510

Dear Senator Mondale:

Thank you for your letter of January 30 requesting information on foster care and related services for the record of the Subcommittee on Foster Care and Youth of the Committee on Labor and Public Welfare.

Attached is a table showing estimated Federal and State expenditures for foster care, adoptions and homemaker services for children, as you requested.

Many services may be employed to preclude unnecessary foster care placement. Some examples of these services are homemaker services (concerning which you requested information), treatment of alcoholism and drug abuse, housing improvement, home management and consumer education, day care, treatment of emotional or behavioral maladjustment, marital counseling, counseling in responsible parenthood, counseling in dealing with the special problems of retarded or physically handicapped children, and family planning.

However, the same services are frequently given in situations where foster care placement is not imminent. Our information systems do not provide case-by-case data on the problems toward which specific services are addressed, and therefore we are unable to provide expenditure data as requested in item 1 B of your letter.

Federal funds for foster care payments under the AFDC-Foster Care program are available under authority of Section 408, Title IV-A of the Social Security Act.

Foster care services and other social services provided to eligible persons receive Federal funds under authority of Title XX of the Social Security Act since October 1, 1975. Prior to that time, these programs were funded under Title IV-A, which is still in effect for Puerto Rico, the Virgin Islands and Guam.

Title IV-B of the Social Security Act provides Federal funds for Child Welfare Services, including both foster care payments and services, which "supplement, or substitute for, parental care and supervision." These services are available to children who need them without regard to income.

Following is a brief description relating to each of the programs in the attached table.

Title IV-A AFDC - Foster Care

The expenditures under AFDC-FC are for the maintenance costs for children in foster care under the AFDC program. These maintenance costs include the normal care and supervision of the child as well as food, shelter, clothing and such miscellaneous items as school supplies, and transportation. Medical care costs are met through other resources, such as Medicaid.

Title IV-A and Title XX; Foster Care Services

The expenditures for foster care services under the AFDC program are for the purpose of planning and supervising a child in foster care, either in a foster family home or a group care facility, including a children's institution, as residential treatment center or a small group home.

Such social services include locating the appropriate facility for an individual child, studying the facility and seeing that it is properly licensed by the State authority, placing and supervising the child while in foster care and making a more permanent plan for the child, through return to his own home if possible or placement in permanent care, such as adoption.

Title IV-B, Child Welfare Services

The expenditures for foster care of children under Title IV-B as shown in attached table include both the maintenance costs and social services costs for children placed in foster care under this grant-in-aid program. The flexible regulations for Title IV-B give States a wide discretion in the use of these funds for the provision of child welfare services, including foster care services.

Adoption

Adoption services expenditures are mainly to pay for the services of social workers, whose responsibilities are to recruit and study adoptive homes and place and supervise children in these homes until the adoption decree is granted, usually for a period of one year.

Some child welfare services funds under Title IV-B may be used to pay subsidies to adoptive parents in order to secure adoptive homes for so called "hard-to-place" children, who would otherwise remain in foster care. These are children with physical or mental handicaps, children in minority groups, older children and siblings who should be placed together in the same adoptive home.

Homemaker Services

Homemaker services are one of the major services used to prevent unnecessary foster care.

A homemaker is placed in a home when the mother is unable to carry on her responsibilities for the care of her children. The caretaker may be in the home but cannot adequately care for her children because of physical or mental illness or lack of homemaking or child caring skills. Or she may be out of the home for a variety of reasons, such as hospitalization or desertion.

Of the amount spent for foster care of children, as shown on the attached table, roughly two-thirds is spent for foster family care and one-third for group care, which includes care in institutions and in small group homes.

Admittedly, data on expenditures for services and the number of children served have been inadequate. There are multiple reasons for this: conflicting philosophies on the extent to which demands should be made on States for reporting; rapid growth in caseloads while data processing capability lagged; and the fact that much of child welfare reporting is dependent on the participation of voluntary agencies which makes securing of data more difficult.

To remedy this situation, SRS instituted new Social Services Reporting Requirements, effective October 1, 1975. This system combines reports on all social services, including services to children, under Titles IV-B and XX. States are now in the start-up phase; the first reports encompassing numbers of children and expenditures by service will be submitted for the April - June, 1976 quarter. This will furnish us valuable data which we have sorely needed.

In addition information is drawn from the quarterly estimates quarterly expenditure reports, annual budget for Child Welfare Services and periodic studies of caseload characteristics. A copy of the Social Services Reporting Requirements is attached.

With regard to HEW oversight in the use of Federal foster care funds, such oversight is provided mainly thru requirements in Federal regulations and thru technical assistance provided by Regional Office Staff. For instance: Title 45 CFR Section 233.110 (AFDC Foster Care) requires States to develop "a plan for each child... so that:... his need for and the appropriateness of his care and services in such placement will be reviewed not less frequently than every six months."

With respect to any recommended or required licensing for institutions receiving Federal funds for foster care, Title XX and IV-A require the following:

For Title XX, Section 2003 (d)(1) states that "each State which participates in the program established shall have a plan applicable to its program for the provision of the services described in Section 2002 (a)(1) which:

> (F) provides, if the State program... includes services to individuals living in institutions or foster homes, for the establishment or designation of a State authority or authorities which shall be responsible for establishing and maintaining standards for such institutions or homes which are reasonably in accord with recommended standards of national organizations concerned with standards for such institutions or homes including standards related to admissions policies, safety, sanitation, and protection of civil rights;"

For Title IV-A, Section 408 refers to Federal payments for foster home or institutional care of dependent children, and states the following:

> for the purposes of this section, the term "foster family home" means a foster family home for children which is licensed by the State in which it is situated or has been approved, by the agency of such State responsible for licensing homes of this type, as meeting the standards established for such licensing; and the term "child-care institution" means a nonprofit private child-care institution which is licensed by the State in which it is situated or has been approved, by the agency of such State responsible for licensing or approval of institutions of this type, as meeting the standards established for such licensing.

These requirements in the law are incorporated in the implementing regulations.

In regard to variations in the amount of AFDC payments provided to children in institutional care, an important factor is differences among the States in the costs of institutional care such as salaries of workers, costs of facilities, and overhead. More significant, however, is the type of group care used by the States.

Originally most children who had to be cared for outside their own homes were placed inllarge congregate institutions. With the pronouncements of the White House Conferences and observations of how children fared in large institutions, it became evident that children should not be deprived of family life because of the loss of their own homes. Foster family care programs were rapidly developed, but all States did not develop these program in like manner. Although the large congregate children's institutions, which mainly provided custodial care for children, have gone out of business for the most part, other types of group care facilities have developed in an effort to serve older children and children with special needs. Foster family homes may be unsuitable for these children. New facilities include group foster homes and residential treatment centers. The cost of care in these types of facilities is, of course, much higher than in the large children's institutions or in other foster family homes. Some States such as New York, have developed many such facilities while others have not. Thus, foster care programs and foster care facilities vary greatly among the States and the ability of the agencies to place children in foster care, when such care is indicated, also varies.

We are grateful for the interest of the Subcommittee in examining the use of foster care and alternative services. We are aware that too often, when the welfare of a child appears to be threatened, the immediate response is to remove him from the parents and place him in foster care. Once the crisis has passed, the caseworker's attention may turn to other pressing cases, so that insufficient time is devoted to alleviating the problems in the child's own home, so that he may safely return to it. Our priorties for the coming year include the provision of program assistance to States in strengthening their capability for in-home services of a preventive, supportive, and restorative nature.

We hope this information will be of assistance.

Sincerely,

/s/ Michio Suzuki
Michio Suzuki
Acting Commissioner, CSA

Federal and State Funds Expended for Child Foster Care Activities, FY 1974-76
(In thousands of dollars)

2/28/76

Actual or Estimated Expenditures by type of Service and Fiscal Year	Federal Funding			State Funding			Total Federal and State Funding		
	Social Services	Child Welfare Services	Total	Social Services	Child Welfare Services	Total	Social Services	Child Welfare Services	Total
1. Foster Care (Total)									
1974 Actual	$300,265	18,500 7/	$318,765	$146,636	285,512 7/	$432,146	$446,899	304,012 7/	$750,911
1975 Estimate	404,604	22,533	427,137	210,714	370,910	581,624	615,318	393,443	1,008,761
1976 Estimate	474,537	23,455	497,992	253,562	441,056	694,618	728,099	464,511	1,192,610
(a) Foster Care (Services) 1/ 2/									
1974 Actual	207,820	X	X	69,273	X	X	277,093	X	X
1975 Estimate	264,947	X	X	88,316	X	X	353,263	X	X
1976 Estimate	304,843	X	X	101,614	X	X	406,457	X	X
(b) Foster Care (Maintenance Assistance) 3/									
1974 Actual	92,445	X	X	77,361	X	X	169,806	X	X
1975 Estimate	139,657	X	X	122,398	X	X	262,055	X	X
1976 Estimate	169,694	X	X	151,948	X	X	321,642	X	X
2. Adoption 4/									
1974 Actual	51,406	1,422	52,828	17,136	13,878	31,014	68,542	15,300	83,842
1975 Estimate	60,660	1,495	62,155	20,205	16,415	36,620	80,865	17,910	98,775
1976 Estimate	69,795	1,575	71,370	21,915	17,625	39,540	91,710	19,200	110,910
3. Homemaker Services for Children 5/ 6/									
1974 Actual	48,870	55	48,925	16,290	526	16,816	65,160	581	65,741
1975 Estimate	54,507	174	54,681	18,169	6,574	24,743	72,676	6,748	79,424
1976 Estimate	62,617	184	62,801	20,872	7,048	27,920	83,489	7,232	90,721

SOURCE OF DATA:

1.. Foster Care Services (Social Services) Based on OA-41.7(c) 1974 Projected into 1975 and 1976. (1977 President's Budget estimates).
2. Foster Care Services (Child Welfare Services) Based on CWS-2 for 1974-1976.
3. Foster Care Maintenance Assistance: 1974 Actuals; OA.25 dated 2/15/1975; 1975 estimates; OA-25 dated 5/15/75.
4. Adoption Services (both social services and CWS): Based on Touche Ross Study, 1971 Projected into 1974-1976.
5. Homemaker Services for Children (Social Services): Based on Touche Ross Study, 1971 Projected into 1974-1976.
6. Homemaker Services for Children (CWS): Based on CWS-2 for 1974 and 1975 Projected into 1976.
7. Includes both Maintenance and Services costs for CWS.
X -- Not applicable.

[illegible]

United States Senate
COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. [illegible]

April 7, 1975

Honorable Caspar W. Weinberger
Secretary
Department of Health, Education
and Welfare
330 Independence Avenue, S. W.
Washington, D. C. 20201

Dear Mr. Secretary:

In the last year the Subcommittee has undertaken a major study of adoption and foster care in this country. I would appreciate your help in supplying information which might be useful to the Subcommittee when it considers legislation in this area.

The following information would be most helpful to the Subcommittee if it is available:

1. An estimate of the number of children adopted in the U.S. in each of the following years: 1950; 1960; 1970; 1970 through 1975.
2. An estimate of the number of children in foster care in the U.S. in each of the following years: 1950; 1960; 1970; 1970 through 1975. (Please provide an explicit definition of foster care as reflected in these statistics.)
3. An estimate of the percentage of adopted children who are placed through agencies; and the percentage placed through independent adoptions.
4. An estimate of the number of children adopted through "black market" procedures in this country currently; and of the number placed through the "gray market."
5. An accounting of how many Federal dollars were spent in the most recent fiscal year on adoption or adoption-related services; and of how many Federal dollars were spent on foster care in the same year.
6. A list of the Federal laws which HEW believes contain authorization for activities relating to adoption and foster care.
7. An explanation of how adoption and foster care will be affected by the recent enactment of Title XX of the Social Security Act.

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8. An estimate of the number of foreign-born children who are adopted currently each year in the U.S.

9. Copies of any documents or other recent publications on adoption and foster care; or which illuminate the Department's policies in these areas.

10. A list of the titles and authors of any recent or current research on adoption and foster care which is supported by HEW.

Thank you for your cooperation. The Subcommittee expects to open hearings to these questions soon, and would therefore appreciate receiving this material by May 15th. If there are any questions regarding this request, please have your staff contact Ellen Hoffman of the Subcommittee staff. She can be reached at 224-8706.

Sincerely,

Walter F Mondale

Walter F. Mondale
Chairman
Subcommittee on Children
and Youth

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

MAY 13 1975

Honorable Walter F. Mondale
Chairman, Subcommittee on Children and Youth
Senate Committee on Labor and Public Welfare
Washington, D.C. 20510

Dear Senator Mondale:

Thank you for your letter of April 7 requesting information which might be useful to the Subcommittee in its study of adoption and foster care in this country. We hope the following answers to your questions will be helpful. Source material is enclosed wherever available.

1. Estimates of the number of children adopted in the United States in specified years:

Year(s)	Estimates	Source of estimate
1950	76,000	1.A. Trends in Data of Special Interest to the Children's Bureau.
1960	107,000	1.B. Adoptions in 1971. Table 8.
1970	175,000	1.B. Adoptions in 1971. Table 8.
1971	169,000	1.B. Adoptions in 1971. Table 8.
1972	Data not available.	1.C. Adoptions in 1972.
1973-1975	Data not available.	

2. Estimates of children in foster care in the United States in specified years:

Year(s)	Estimates	Source of estimate
1950	Data not available.	
1960	241,900	2.A. Foster Care of Children--Major National Trends and Prospects. Table 1.

2. (continued) Estimates of children in foster care in the United States in specified years:

Year(s)	Estimates	Source of estimate
1970	356,500	2.B. Children Served by Public Welfare Agencies and Voluntary Child Welfare Agencies and Institutions, March 1970. Table 8.
1971	339,096	2.C. Children Served by Public Welfare Agencies and Voluntary Child Welfare Agencies and Institutions, March 1971. Table 8.
1972-1975	Data not available.	

Included in the above estimates are children in foster family care and in child welfare institutions for neglected, dependent, and emotionally disturbed children. See the source material for further information. Note that these estimates are for one day.

3. The estimate of the percentage of adopted children who are placed through agencies:

79% in 1971 - See Table 4 in the publication "Adoptions in 1971," identified among the enclosures as 1.B.

The estimate of the percentage of adopted children who are placed independently:

21% in 1971 - See Table 4, in 1.B.

These estimates relate to children adopted by unrelated petitioners.

4. (a) There is no way of estimating the number of "black market" adoptive placements. From informal reports, it appears that such placements are increasing. Secrecy on the part of the person who places, as well as the persons receiving the child, has made it difficult to obtain statistics. Material pertaining to "black market" activity in adoption is enclosed, identified as 4.(a). This subject is one of great interest to Children's Bureau; see the enclosed Office of Child Development priority statement, identified as 4.(a)(1).

4. (b) These children placed through "gray market" activities represent children placed independently with unrelated petitioners: 17,400 in 1971. See Table 4, in 1.B., "Adoptions in 1971."

The Community Services Administration, Social and Rehabilitation Service, in the Department, supplied the following information for items 5, 6, and 7:

5. Estimated Expenditures for Foster Care, F.Y. 1975

Program	Estimated Expenditures
Title IV-A, AFDC Social Services	$ 222,000,000
Title IV-B, Child Welfare Services	31,055,000
Title IV-A, AFDC Foster Care Income Maintenance	92,445,000

6. Federal laws containing authorization for activities relating to adoption and foster care:

Title IV-A - AFDC (income maintenance) basic foster care up to $100 a month per child.

Title IV-A Services, until October 1, 1975.

Title IV-B - Child Welfare Services.

Title XIX - Medicaid available to children in foster care and those awaiting adoption if they meet the eligibility criteria.

7. Title XX places the responsibility on the States to determine what social services will be available within each State. The few requirements that States will have to meet for Federal financial participation will not be known until the regulations for Title XX are final.

The law (P.L. 93-647) specifies that services must be directed to at least one of the five goals. Services particularly related to adoption and foster care may be directed at the goals of:

"(B) achieving or maintaining self-sufficiency, including reduction or prevention of dependency,

"(C) preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families,

"(D) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care" (Sec. 2001. (a) (1).)

Title XX allows services, including adoption services, to be available to anyone without relationship to categorical assistance provided they meet the State's eligibility requirements and provided the State elects to make such services available to eligible persons. Services to prevent or remedy neglect, abuse, or exploitation of children unable to protect their own interests may, if a State elects to do so, be provided without regard to income or welfare status.

Title XX has a specific provision which authorizes payment to foster parents for special services (in addition to basic foster care) provided by a foster family home. Training for such parents is also available under Title XX.

Title IV-B (Child Welfare Services) will not be affected by Title XX.

8. Statistics compiled by U.S. Immigration and Naturalization Service on "Immigrant Orphans Admitted to the United States," June 30, 1961 through June 30, 1974, are enclosed. (Item 8.)

9. Copies of publications on adoption and foster care are enclosed.

Page 3 - Honorable Walter F. Mondale

10. Items marked 10.A. and 10.B., enclosed are F.Y. 1972, F.Y. 1973, and F.Y. 1974 listings of Research, Demonstration, and Evaluation Studies, Children's Bureau, Office of Child Development, Office of Human Development.

Item 10.C. is a listing supplied by the Community Services Administration, Social and Rehabilitation Service, of their research on adoption and foster care.

If I can be of further assistance, please do not hesitate to let me know.

Sincerely,

/s/ Caspar W. Weinberger

Secretary

Enclosures

The Library of Congress
Congressional Research Service
Washington, D.C. 20540

IMPACT OF TITLE XX ON FOSTER CARE AND ADOPTION SERVICES

Brief description of major provisions under Title XX

The new Social Services Amendments (Title XX) effective October 1, 1975, give the states more authority in determining the types of services they wish to offer and the persons to whom they wish to offer them. The new law deletes current requirements that state plans must provide specified services for each child and relative receiving AFDC (except for family planning services). Instead, the states may provide whatever services they may determine to be directed at achieving 5 specific goals. In addition, the new law will expand eligibility for services by increasing the proportion of funds which may be spent on services for non-recipients of cash assistance, and by allowing the states to provide services to families not eligible for cash assistance but who have incomes below 115% of the state's median family income. States must charge fees for services to families with incomes between 80% and 115% of the state's median family income, and may charge fees to families with incomes below 80%, according to regulations of the Secretary of Health, Education, and Welfare.

Foster Care and Adoption Services

1. Goal Oriented

The new provisions of Title XX encourage the states to provide services aimed at five goals. These goals expand the possibilities for providing services to meet the needs of children for more permanent care arrangements. Under the old social services law, eligibility for services was based solely on categorical welfare status, rather than on the individual needs of the child. As a result, the states tended to concentrate most of their child welfare efforts on foster care where eligibility for both services and cash assistance (AFDC-FC) could be more easily established. Proponents of Title XX have expressed the hope that the more flexible provisions of the new Title XX will encourage the states to reduce the current concentration on foster care and instead promote services which will provide a more permanent alternative (e.g. adoption). The requirement that the state submit its intended goals in published form will encourage a more careful planning process to determine the needs of children receiving foster care services. [redacted]. It is hoped that this will provide more information on the situations of children being served and so reduce the number of them remaining in foster care unnecessarily.

2. Flexibility

As previously mentioned, the Title XX provisions will give the states more leeway in determining the kinds of services they will provide and the persons who will receive them. This may open the door to many persons and services that are not currently receiving federal matching assistance under the social services program. [redacted]. Generally, adoption services have been funded primarily at the state and local level. With the implementation of Title XX, it is hoped that states will include and/or expand adoption services in their state plans. The new law and HEW regulations specifically authorize states to provide certain protective services to children without respect to family income. This may have the effect of encouraging the states to provide more family counselling services and other appropriate services to help the child remain in the home, or where that is not possible, to secure termination of parental rights so that a child can be freed for adoption. The increased flexibility in eligibility will also make it possible for more children (currently ineligible) to receive services. Among these children will be those who have had parental rights terminated and who will, for the first time, be able to receive services in their own right. Title XX appears to give the states encouragement to expand their programs to assist in the placement of children for adoption. This is particularly true for "special needs" children most of whom have formerly been ineligible for Federal social service or foster care payments support. The opening of eligibility for social services to a whole segment of the low and middle income population could also serve to encourage lower and middle income foster parents to adopt their foster children. Under current law a foster child might be eligible for social services, but as soon as the child is adopted, the services are discontinued (unless the adopting family is determined to be a present, past, or potential recipient of public assistance). In many instances the provision of needed services to the foster child might have been one of the primary factors in keeping him or her in foster care. Now, if the states so desire, they will be able to encourage lower income foster parents to adopt their foster children by providing services, not only to the child, but to the entire family.* It should be noted that medical or remedial medical support for a foster child with special needs who is adopted may not be included among the services which can be supported by Title XX. The legislation specifically deletes such care, unless it is an integral but subordinate part of the service and the current HEW regulations (Sec 228.40) indicate that such continued medical support for an adopted child will not be considered an integral but subordinate part of the service.

The openness of allowed services will also permit the states to include much needed services to improve information sources. This could include funding for an adoption exchange system and public information campaigns to attract foster and adoptive parents.

3. Competition for Funding

It should be mentioned that the possible expansion of services and eligibility (together with the continued ceiling on federal funds) will increase direct competition with other human service programs for adults. This may make it more difficult for traditionally low priority child welfare service programs to be expanded. However, this will be up to the states. It may emerge that child welfare service programs were a low priority item because of the limitation on eligibility and on the types of services which could be federally matched.

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* It should be reiterated that it will be up to the states to determine whether or not they will expand their adoption services program in such a way. The new legislation will simply allow them to do so, if they wish to include such services in their state plans.

FOSTER CARE of CHILDREN

major national trends and prospects

U.S. DEPARTMENT
of HEALTH
EDUCATION
and WELFARE
WELFARE ADMINISTRATION
Children's Bureau

1966

FOSTER CARE OF CHILDREN [1]

Major National Trends and Prospects

Number of Children in Foster Care

An estimated 287,200 children were living in foster care throughout the United States on March 31, 1965, either in foster family homes served by social agencies or in child welfare institutions for neglected, dependent, and emotionally disturbed children. The rate of children in foster care was 4.0 per 1,000 children under 18 years of age in the U.S. population. This estimate does not include a large, but unknown, number of children living in "independent" foster family homes who were placed by parents, relatives or others without the assistance of a social agency. Nor does it include a much smaller, but also unknown, number of children placed directly in foster family homes by juvenile courts (a practice that occurs to a significant extent only in a few States) or placed by other agencies that do not report to the Children's Bureau.

In recent years the number of children in foster care has been increasing slowly but steadily. This rise followed a period of decline. As Table 1 shows, the number dropped after 1933 and that year's level was only reached again as recently as 1961-62.[2] The foster care rate also dropped substantially after 1933 but has been slowly moving upwards in the last few years. The 1965 rate is two-thirds the 1933 rate. If the 1933 rate had continued to prevail, an additional 136,000 children would have been in foster care in 1965.

Assuming that the rate will continue to change in the direction and at the pace at which it was changing during the 1961-65 period, the number of children in foster care in 1975 is projected to be 364,000, a 27 percent increase over 1965 or an annual increase of about 2 percent.[3] The 1975 rate is estimated at 4.7 per 1,000 children.

Since trends in foster family and institutional care have differed markedly, it is necessary to consider each type of care independently.

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[1] Prepared by Seth Low, Chief, Chi Welfare Studies Branch, Division of Research.

[2] The statistics used here are estimates of the number of children in care as of one day in the year. The number cared for during the year is considerably larger, of course, because of the movement of children in and out of care. Some believe this movement is more rapid today than formerly, attributing the reduction in average length of stay to long-run changes in the reasons why children enter foster care.

[3] This estimate is based on the Bureau of the Census Series B projection of the 1975 population. The Bureau has issued four population projections. To show the variability attributable to these differing projections, below are the estimates of the number of children in foster care in 1975 under each:

Series A	385,400
Series B	364,000
Series C	341,900
Series D	322,200

The foster care projections in this report are designed to show the possible outcome of current trends and are not necessarily forecasts.

Children in Foster Family Homes

The number of children in foster family homes on March 31, 1965 is estimated at 207,800, a rate of 2.9 per 1,000 children.[4] There has been a steady growth in the number of children in this type of care, apparently without the decline following 1933 that was noted above. As a result the 1965 estimate is almost double the 1933 figure. Although the rate also has been going up in recent years, its current level is not substantially changed from 1933. By 1975 an estimated 302,100 children (3.9 per 1,000) will be living in foster family homes, a 45 percent increase over 1965 or an annual increase of about 4 percent.

Children in Institutions

An estimated 79,400 children were living in child welfare institutions for neglected, dependent, and emotionally disturbed children on March 31, 1965 a rate of 1.1 per 1,000 children. Institutional care has been declining steadily and substantially, although its rate of decline appears to have slowed down. The 1965 estimate is 45 percent below 1933 and a further decline to 61,900 by 1975 is projected. Such a decline will represent a 22 percent drop from 1965 or an annual decrease of about 2 percent.

As a result of these divergent trends in foster family and institutional care, the proportion of foster children who live in foster family homes is expected to rise from 72 percent in 1965 to 83 percent in 1975, while the proportion in institutions will decline from 28 to 17 percent.

Foster Care Under Public and Voluntary Auspices

Foster care is provided by public and voluntary agencies and institutions. Since their patterns of service have been dissimilar, it is necessary to consider each auspice independently.

Of the 287,200 children in foster care on March 31, 1965, 173,900 (61 percent) were under the direct care of public, and 113,300 (39 percent) were under the direct care of voluntary agencies and institutions.[5] Foster family care, however, is predominantly public (78 percent public, 22 percent voluntary) while institutional care is predominantly voluntary (86 percent voluntary, 14 percent public).

Foster care under public auspices, both in terms of numbers and rates, has risen consistently throughout the period under review. Voluntary care, on the other hand, has declined, the number in 1965 being 36 percent below the 1933 level. In more recent years, voluntary care has stabilized although its rate continues to fall very slowly.

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[4] Children living in group homes are counted under foster family care in order to maintain comparability with data for earlier years. A uniformly agreed upon definition of the term "group home" has been lacking. The Children's Bureau's estimate of the number of children in group homes in 1965 (1,800 children) is uncertain because of this lack.

[5] In addition to children under their direct care, public agencies also purchase care for many children from voluntary agencies and institutions. These children are included in the 113,300 under the care of voluntary agencies and institutions.

By 1975 public foster care is expected to serve 264,600 children, an increase of 52 percent over 1965 or an annual increase of about 4 percent. Voluntary care will decline moderately to 99,400. These changes will result in a further enlargement of the public sector of foster care service from 61 percent in 1965 to 73 percent in 1975.

Public foster family care is expected to increase from 162,800 in 1965 to 255,600 in 1975 (57 percent). Only a slight increase from 45,000 to 46,500 (3 percent) is projected for voluntary foster family care. Of all children in foster family care, the proportion who are cared for under public auspices will rise from 78 to 85 percent.

The num[illegible] of children in both public and voluntary institutions is expected to decline but the decline for the voluntary will be greater than for the public. The number of children in public institutions has remained stable in recent years and is expected to decline only slightly from 11,100 to 9,000. The number in voluntary institutions also has been fairly stable but some further decline from 68,300 to 52,900 is projected. In 1975 the proportion of children in institutions who reside in voluntary institutions will be practically the same as it is now (86 percent).

Of all children in foster care under public auspices in 1965, 94 percent were in foster family homes and 6 percent in institutions. By 1975 the proportions will be 97 percent and 3 percent, respectively. Of the children cared for under voluntary auspices in 1965, 40 percent were in foster family homes and 60 percent in institutions. By 1975 these percentages will be 47 and 53, respectively.

Foster Care in the States: 1965

Foster care rates vary greatly among States from a high of 11.4 per 1,000 children in the District of Columbia to a low of 1.8 in Mississippi. (U.S. average = 4.0)[6] States ranking in the highest quartile have an aggregate rate of 6.2 compared with 2.3 for States in the lowest quartile. Among regions, the Northeast has the highest rate (5.4), followed by the West (4.3) and lastly by the North Central region and the South (3.4 each).[7] Thirty-nine percent of all children in foster care are provided care by agencies in five States (California, Illinois, Ohio, New York and Pennsylvania).[8] These States have 34 percent of the nation's child population.

Foster family care rates range from 7.2 per 1,000 children in the District of Columbia to 0.6 in Texas (U.S. average = 2.9). States ranking in the highest quartile have an aggregate rate of 4.9 compared with 1.3 for those in the lowest quartile. The rate is highest in the Northeast (3.9) which is closely followed by the West (3.7). Substantially lower rates are found in the North Central region (2.5) and the South (2.1).

Rates of institutional care range from 4.2 per 1,000 children in the District of Columbia to 0.0 in Utah (U.S. average = 1.1).[9] States ranking in the highest quartile have an aggregate rate of 1.3 compared with a rate of 1.0 for those in the lowest quartile. Again the rate is highest in the Northeast (1.5) which is closely followed by the South (1.3). Lower rates are found in the North Central region (0.9) and the West (0.6).

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[6] State data are presented in Table 4 and Figure 3. The District of Columbia preferably should be compared with cities of comparable size. Data for cities are not available.

[7] The low rate in the North Central region may be due to the greater prevalence in this region of direct placement of children by juvenile courts.

[8] The percentage may be even larger since information for California is incomplete.

[9] Utah reported no children in institutions for dependent and neglected children.

In general, individual State rankings on foster family care bear practically no relationship to their rankings on institutional care.

Summary

Assuming a continuation of trends prevailing from 1961-65, we may expect during the decade ending in 1975 an increasing number and rate of children in foster care, a continuing shift in type of service from institutional to foster family care, and a continuing shift in auspices from voluntary to public service. Projections are useful for planning but are hazardous and necessarily tentative. They require frequent re-appraisal as new data become available to determine whether the underlying assumptions remain valid or require revision in the light of emerging forces.[10]

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[10] For a fuller discussion of trends in institutional care (much of which is applicable to foster family care) see "America's Children and Youth in Institutions, 1950-1960-1964," Children's Bureau publication number 435 (1965).

figure 1 CHILDREN IN FOSTER FAMILY CARE AND IN CHILD WELFARE INSTITUTIONS FOR NEGLECTED, DEPENDENT, AND EMOTIONALLY DISTURBED CHILDREN, by type of care, United States, selected years 1933-65 and projections to 1975

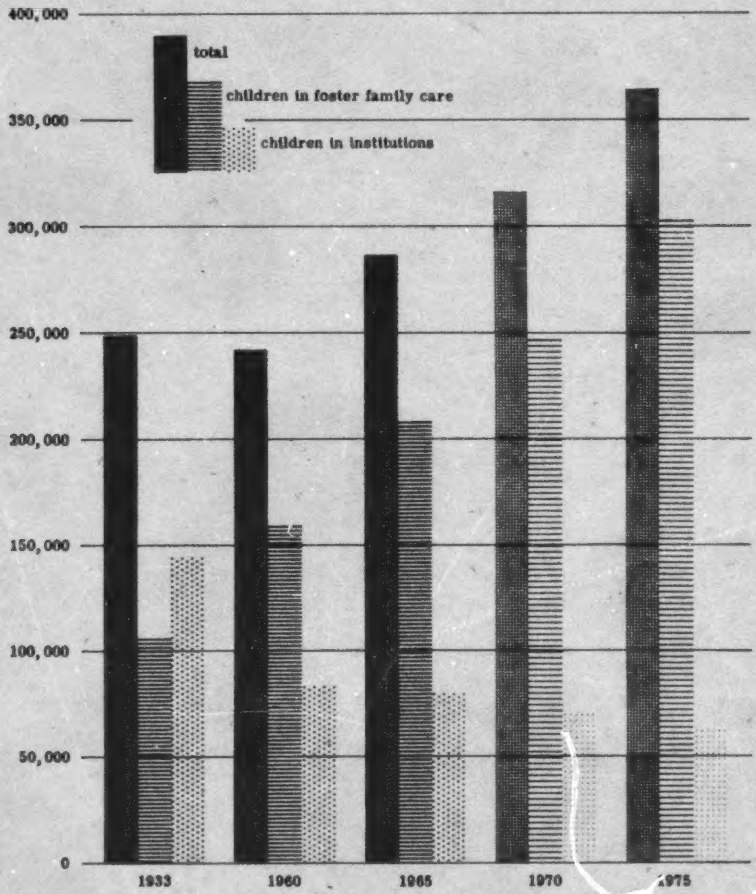


figure 2 CHILDREN IN FOSTER FAMILY CARE AND IN CHILD WELFARE INSTITUTIONS FOR NEGLECTED, DEPENDENT, AND EMOTIONALLY DISTURBED CHILDREN, by auspices of care, United States, selected years 1933-65 and projections to 1975

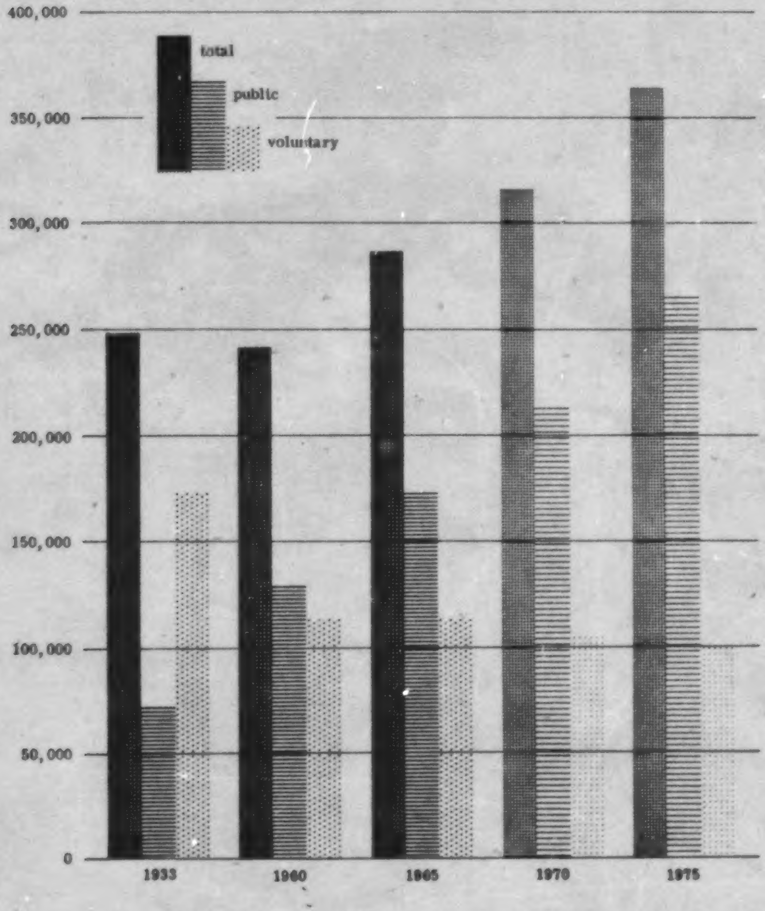
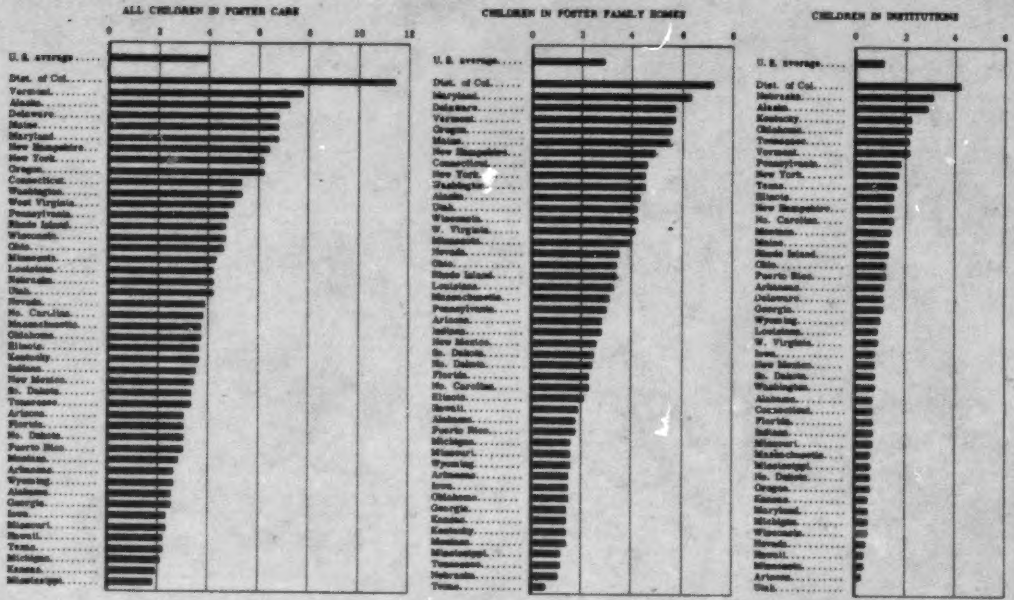


figure 3 STATE RANKINGS BY RATES OF CHILDREN IN FOSTER CARE UNDER PUBLIC AND VOLUNTARY AUSPICES, by type of care, 1965 1/

(rate per 1,000 children under 18 years of age)



1/ See Table 4. Excludes California, Colorado, Idaho, New Jersey, South Carolina, and Virginia for which information reported is incomplete.

TABLE 1

Children in Foster Family Care and in Child Welfare Institutions for Neglected, Dependent, and Emotionally Disturbed Children: Number and Rate per 1,000 Children under 18 Years of age, By Auspices of Agency, United States, Selected Years 1933-65 and Projections to 1975[1]

Year	Total				Children in foster family care				Children in institutions			
	Total		Public	Voluntary	Total		Public	Voluntary	Total		Public	Voluntary
	Number	Rate	Number	Number	Number	Rate	Number	Number	Number	Rate	Number	Number
1933............	[2] 249,000	5.9	[2] 72,000	[2] 177,000	[2] 105,000	2.5	[2] 49,000	[2] 56,000	144,000	3.4	23,000	121,000
1950............	([3])	([3])	([3])	([3])	([3])	([3])	([3])	([3])	95,000	2.0	18,000	77,000
1952............	([3])	([3])	([3])	([3])	127,900	2.5	91,800	36,100	([3])	([3])	([3])	([3])
1958............	231,600	3.7	117,300	114,300	143,500	2.5	106,400	37,100	88,100	1.4	10,900	77,200
1960............	241,900	3.7	129,000	112,900	158,900	2.4	117,800	41,100	83,000	1.3	11,200	71,800
1961............	246,500	3.7	133,300	113,200	164,200	2.5	122,300	41,900	82,300	1.2	11,000	71,300
1962............	257,900	3.8	145,000	112,900	176,200	2.6	133,300	42,900	81,700	1.2	11,700	70,000
1963............	262,300	3.7	149,300	113,000	182,500	2.6	138,500	44,000	79,800	1.1	10,800	69,000
1964............	275,000	3.9	162,200	112,800	194,300	2.7	151,300	43,000	80,700	1.2	10,900	69,800
1965............	287,200	4.0	173,900	113,300	207,800	2.9	162,800	45,000	79,400	1.1	11,100	68,300
....	.....	...	.....	.....	.....	...	.....	.....	.....	...	.....	.....
1970............	316,500	4.3	212,400	104,100	247,100	3.4	202,600	44,500	69,400	0.9	9,800	59,600
1975............	364,000	4.7	264,600	99,400	302,100	3.8	255,600	46,500	61,900	0.8	9,000	52,900

[1] National estimates prepared by the Children's Bureau. Figures for 1933 and 1950 are for 49 States; those for other years are for 53 States including Alaska, Hawaii, Puerto Rico and the Virgin Islands. Figures for recent years would be only slightly lower if these four States were excluded.

[2] Includes children in adoptive homes.

[3] Not available.

TABLE 2

Children in Foster Family Care and in Child Welfare Institutions for Neglected, Dependent, and Emotionally Disturbed Children: Percentage Distribution by Type of Care, United States, Selected Years 1933-65 and Projections to 1975[1]

Year	Total	Children in foster family care	Children in institutions
1933	100.0	42.2	57.8
1950	(2)	(2)	(2)
1952	(2)	(2)	(2)
1958	100.0	62.0	38.0
1960	100.0	65.7	34.3
1961	100.0	66.6	33.4
1962	100.0	68.3	31.7
1963	100.0	69.6	30.4
1964	100.0	70.6	29.4
1965	100.0	72.4	27.6
......	......	......	......
1970	100.0	78.1	21.9
1975	100.0	83.0	17.0

[1] See Table 1 for numbers of children.

[2] Not available.

TABLE 3

Children in Foster Family Care and in Child Welfare Institutions for Neglected, Dependent, and Emotionally Disturbed Children: Percentage Distribution by Auspices of Agency, United States, Selected Years 1933-65 and Projections to 1975[1]

Year	Total			Children in foster family care			Children in institutions		
	Total	Public	Voluntary	Total	Public	Voluntary	Total	Public	Voluntary
1933	100.0	28.9	71.1	100.0	46.7	53.3	100.0	16.0	84.0
1950	(2)	(2)	(2)	(2)	(2)	(2)	100.0	18.9	81.1
1952	(2)	(2)	(2)	100.0	71.2	28.8	(2)	(2)	(2)
1958	100.0	50.7	49.3	100.0	74.1	25.9	100.0	12.4	87.6
1960	100.0	53.3	46.7	100.0	76.1	23.9	100.0	13.5	86.5
1961	100.0	54.1	45.9	100.0	74.5	25.5	100.0	13.4	86.6
1962	100.0	56.2	43.8	100.0	75.7	24.3	100.0	14.3	85.7
1963	100.0	56.9	43.1	100.0	75.9	24.1	100.0	13.5	86.5
1964	100.0	59.0	41.0	100.0	77.9	22.1	100.0	13.5	86.5
1965	100.0	60.5	39.5	100.0	78.3	21.7	100.0	14.0	86.0
......	......	......	......	......	......	......	......	......	......
1970	100.0	67.1	32.9	100.0	82.0	18.0	100.0	14.1	85.9
1975	100.0	72.7	27.3	100.0	84.6	15.4	100.0	14.5	85.5

[1] See Table 1 for numbers of children.

[2] Not available.

TABLE 4

Children in Foster Family Care and in Child Welfare Institutions for Neglected, Dependent, and Emotionally Disturbed Children: Number and Rate per 1,000 Children under 18 Years of Age, by Auspices of Agency, by State, 1965

State	Total				Children in foster family care				Children in institutions			
	Total		Public	Voluntary	Total		Public	Voluntary	Total		Public	Voluntary
	Number	Rate	Number	Number	Number	Rate	Number	Number	Number	Rate	Number	Number
United States estimated total	287,200	4.0	173,900	113,300	207,800	2.9	162,800	45,000	79,400	1.1	11,100	68,300
Alabama	3,395	2.5	2,373	1,022	2,444	1.8	2,373	71	951	0.7	–	951
Alaska	782	7.2	463	319	463	4.3	463	–	319	2.9	–	319
Arizona	1,955	3.0	1,662	293	1,808	2.8	1,662	146	147	0.2	–	147
Arkansas	1,891	2.6	1,108	783	1,113	1.5	1,108	5	778	1.1	–	¹778
California	(²)	(²)	20,720	(²)	(²)	(²)	20,720	(²)	3,088	(²)	–	¹3,088
Colorado	(²)	(²)	(²)	(²)	(²)	(²)	1,027	(²)	(²)	(²)	(²)	(²)
Connecticut	7,183	5.3	6,065	1,118	6,519	4.6	5,962	557	664	0.7	103	561
Delaware	1,307	6.6	846	461	1,100	5.7	846	254	207	1.1	–	207
District of Columbia	3,063	11.4	2,661	402	1,936	7.2	1,801	135	1,127	4.0	860	267
Florida	6,014	3.0	3,929	2,085	4,673	2.3	3,623	1,050	1,341	0.7	306	¹1,035
Georgia	4,271	2.5	2,328	1,943	2,408	1.4	2,236	172	1,863	1.1	92	1,771
Hawaii	613	3.2	495	118	523	1.9	495	28	90	0.3	–	90
Idaho	(²)	(²)	360	(²)	(²)	(²)	360	(²)	(²)	(²)	–	(²)
Illinois	13,946	3.6	5,741	8,205	8,434	2.1	5,456	2,978	5,512	1.3	¹286	5,227
Indiana	6,280	3.5	5,214	1,066	5,000	2.8	4,610	390	1,280	0.7	604	¹676
Iowa	2,290	2.3	1,508	795	1,680	1.5	1,056	490	610	0.6	451	297
Kansas	1,511	1.9	920	591	1,098	1.4	898	200	413	0.5	22	391
Kentucky	4,290	3.6	1,771	2,519	1,661	1.4	1,324	337	2,629	2.2	447	2,182
Louisiana	5,974	4.2	4,678	1,296	4,658	3.3	4,566	92	1,316	0.9	112	¹1,204
Maine	2,477	6.6	1,958	519	2,016	5.6	1,915	101	461	1.3	43	418
Maryland	9,073	6.0	7,784	1,289	8,393	6.3	7,724	669	680	0.5	60	620
Massachusetts	6,842	3.7	4,935	1,907	5,775	3.1	4,935	840	1,067	0.6	–	1,067
Michigan	6,941	2.1	1,418	5,523	5,135	1.6	1,418	3,717	1,806	0.5	–	1,806
Minnesota	5,806	4.3	4,743	1,063	5,447	4.0	4,743	704	359	0.3	–	359
Mississippi	1,726	1.8	1,139	587	1,176	1.2	1,139	37	550	0.6	–	550
Missouri	3,652	2.3	2,147	1,505	2,605	1.6	2,060	545	1,047	0.7	87	960
Montana	784	3.3	609	175	439	1.6	416	23	345	1.4	193	152
Nebraska	2,301	4.2	584	1,725	635	1.1	424	211	1,666	3.1	160	1,506
Nevada	643	2.9	633	10	583	2.5	573	10	60	0.4	60	–
New Hampshire	1,517	5.4	1,078	439	1,174	4.9	1,078	96	343	1.5	–	343
New Jersey	(²)	(²)	(²)	(²)	(²)	(²)	6,480	(²)	(²)	(²)	(²)	(²)
New Mexico	1,501	2.4	1,067	434	1,161	2.6	1,067	94	340	0.6	–	340
New York	36,833	6.2	14,718	22,115	26,708	4.5	14,718	11,990	10,125	1.7	–	10,125
North Carolina	6,969	3.9	4,016	2,953	4,226	2.3	4,016	210	2,743	1.5	–	2,743
North Dakota	785	3.0	493	292	594	2.4	493	101	191	0.6	–	191
Ohio	17,594	4.6	14,368	3,226	13,507	3.4	11,398	1,455	4,087	1.0	2,970	1,791
Oklahoma	2,901	3.7	1,751	1,150	1,337	1.6	1,221	116	1,564	1.1	530	1,034
Oregon	4,141	6.2	3,357	784	3,764	5.6	3,357	407	377	0.4	–	377
Pennsylvania	18,956	4.6	6,332	12,624	11,808	3.0	6,277	5,531	7,148	1.8	55	7,093
Puerto Rico	3,572	3.0	2,874	698	2,169	1.8	2,169	–	1,403	1.2	705	698
Rhode Island	1,451	4.7	1,104	347	1,047	3.4	851	196	404	1.3	253	151
South Carolina	(²)	(²)	(²)	(²)	(²)	(²)	1,340	(²)	(²)	(²)	(²)	(²)
South Dakota	901	3.3	613	288	686	2.6	613	73	215	0.8	–	215
Tennessee	4,645	3.3	2,340	2,305	1,694	1.9	1,300	394	2,951	2.1	¹1,040	1,911
Texas	8,994	1.3	1,940	7,054	2,307	0.6	1,152	1,155	6,687	1.0	788	5,899
Utah	1,795	4.8	1,071	724	1,795	4.9	1,071	724	–	–	–	–
Vermont	1,192	7.8	780	412	886	5.7	780	106	306	2.1	–	306
Virgin Islands	221	11.8	210	11	140	7.1	140	–	81	4.4	70	11
Virginia	(²)	(²)	7,060	(²)	(²)	(²)	7,060	(²)	(²)	(²)	–	(²)
Washington	6,955	5.3	5,728	1,227	6,070	4.8	5,728	1,100	885	0.8	–	885
West Virginia	3,280	5.0	2,794	486	2,888	4.1	2,845	43	392	0.9	93	299
Wisconsin	7,290	4.7	5,813	1,477	6,225	4.3	5,380	845	1,065	0.8	433	632
Wyoming	446	2.6	379	67	286	1.9	286	–	160	1.0	93	67

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[1] Report incomplete.

[2] Not reported.

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CHILDREN SERVED BY PUBLIC WELFARE AGENCIES AND VOLUNTARY CHILD WELFARE AGENCIES AND INSTITUTIONS
MARCH 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Program Statistics and Data Systems
National Center for Social Statistics
March 10, 1972

SUMMARY

This publication marks the first time in which the living arrangements of children receiving social services are reported for children in the programs of aid to families with dependent children and child welfare services combined. Previous reports, issued as Child Welfare Statistics, limited coverage to those children who were receiving child welfare services only.

Statistics pertaining to children receiving social services from voluntary child welfare agencies and institutions and the number and capacity of child-caring facilities are comparable to those published in previous years in Child Welfare Statistics.

Social services for children

On March 31, 1970, almost three million children (2,909,000 1/) were receiving social services from public welfare agencies and voluntary child welfare agencies and institutions. Most of these children (93 percent) were receiving social services from public welfare agencies only. The remaining children were receiving social services either from voluntary child welfare agencies or institutions only (5 percent) or from both public welfare agencies and voluntary child welfare agencies or institutions (2 percent).

The majority of the children (85 percent) who were receiving social services were living in the homes of parents or relatives, or had independent living arrangements. Of the remaining children for whom living arrangements were reported, 11 percent were in foster care; 3 percent in adoptive homes; 1 percent in institutions other than child welfare institutions; and less than 1 percent in maternity homes.

Child-caring facilities

In general, there was an increase in the number and capacity of child-caring facilities from March 1969 to March 1970. However, some types of facilities showed a decrease in number or capacity or both.

1/ Estimated unduplicated total that was obtained by counting only once those children reported in voluntary child welfare institutions, maternity homes or foster homes of voluntary agencies for whose care public agencies were also responsible.

The table below shows the number and capacity for each type of child-caring facility for March 1969 and March 1970.

Type of facility	March 1970		March 1969	
	Number	Capacity	Number	Capacity
Child welfare institutions.......	1,400	85,300	1,400	87,500
Voluntary maternity homes........	210	7,200	210	6,900
Foster family homes..............	157,000	342,000	149,000	323,000
Group homes......................	710	5,100	800	5,400
Day care centers.................	16,700	626,000	13,600	518,000
Family day care homes............	40,700	147,000	32,700	120,000

Tables

Table 1.--Children receiving social services from State and local public welfare agencies: Number by living arrangements and rate per 10,000 child population, by State, March 31, 1970.

Table 2.--Children receiving social services from State and local public welfare agencies: Percentage distribution by living arrangement, by State, March 31, 1970.

Table 3.--Children for whom foster care was purchased by State or local public welfare agencies from voluntary child welfare agencies and institutions on March 31, 1970, by type of foster care, by State.

Table 4.--Children receiving services from voluntary child welfare agencies and institutions: Number by living arrangement, and rate per 10,000 child population, by State, March 31, 1970.

Table 5.--Children receiving services from voluntary child welfare agencies and institutions: Percentage distribution by living arrangement, by State, March 31, 1970.

Table 6.--Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions, by living arrangement and agency auspices, with percent distribution by living arrangement, United States, March 31, 1970.

Table 7.--Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions, by living arrangement and agency auspices, with percent distribution by agency auspices, United States, March 31, 1970.

Table 8.--Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions, by living arrangement, by State, March 31, 1970.

Table 9.---Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions: Percentage distribution by living arrangement, by State, March 31, 1970.

Table 10.--Children residing in public and voluntary child welfare institutions and maternity homes for unmarried, by State, March 31, 1970.

Table 11.--Number and capacity of child welfare institutions and maternity homes for unmarried mothers, by auspices, by State, March 1970.

Table 12.--Licensed or approved foster family homes and group homes, by auspices and capacity, by State, March 1970.

Table 13.--Licensed or approved day care centers and family day care homes, by auspices and capacity, by State, March 1970.

Table 1.--Children receiving social services from State and local public welfare agencies: Number by living arrangement, and rate per 10,000 child population, by State, March 31, 1970

State	Total		In homes of parents or relatives			In independent living arrangements	In foster family homes	In group homes	In institutions			In adoptive homes	Elsewhere
	Number	Rate per 10,000 child population 1/	Total	Parents	Relatives				Total	Operated by a public welfare department	Operated by other public agencies and voluntary agencies		
Total	2,760,000	2/ 309	2,307,000	1,670,000	115,000	10,300	263,000	3,500	43,100	7,000	36,100	42,700	8,000
Alabama	114,000	700	110,000	91,000	17,600	6/	3,100	6	770	---	770	620	4
Alaska	3/ 2,500	---	3/ 1,600	1,000	30	6	600	10	100	---	100	90	9
Arizona	3/ 14,200	---	3/ 10,900	6/	6/	140	2,300	---	160	---	160	400	110
Arkansas	6,600	60	5,300	5,100	170	81	1,100	---	120	---	120	180	12
California	457,000	500	407,000	395,000	12,100	1,900	31,000	660	3,600	---	3,000	7,600	210
Colorado	22,600	261	17,800	17,300	560	53	2,700	120	710	---	710	550	600
Connecticut	57,600	605	50,600	47,300	3,300	600	6,500	27	1,300	95	1,200	220	300
Delaware	8,300	306	7,000	6/	6/	30	1,100	---	130	---	130	15	5
District of Columbia	36,700	1,170	33,700	33,600	300	82	1,900	35	800	600	260	100	110
Florida	89,000	300	81,800	76,500	7,300	140	4,000	---	900	---	900	1,700	370
Georgia	83,000	429	77,700	6/	6/	150	2,900	6	760	80	680	2,300	80
Hawaii	4,000	110	3,300	2,900	350	40	370	---	23	---	23	100	36
Idaho	6,000	226	6,000	5,900	60	---	600	5	42	---	42	110	13
Illinois 2/	22,300	---	5,900	4,900	1,000	220	10,300	91	4,600	300	4,300	900	600
Indiana	27,300	170	27,300	25,600	1,900	90	3,700	130	2,100	600	1,600	1,900	92
Iowa	27,500	251	24,600	22,900	1,700	30	2,000	90	570	200	330	60	16
Kansas	33,800	277	30,200	28,100	2,100	80	1,800	20	1,300	40	1,300	330	130
Kentucky	35,000	271	3/ 31,500	6/	6/	---	1,500	16	1,100	300	800	3/ 800	21
Louisiana	45,000	276	39,300	38,300	1,100	84	6,300	51	560	---	560	1,200	110
Maine	11,400	290	8,900	7,800	1,000	33	2,100	---	330	---	330	130	32
Maryland	56,300	363	46,300	35,300	9,300	57	9,900	10	800	26	810	830	600
Massachusetts	68,100	338	38,000	37,300	760	610	6,300	6/	1,800	9	1,800	800	600
Michigan	96,400	257	89,900	80,200	4,700	230	3,700	24	230	17	200	360	---
Minnesota	64,000	421	53,100	48,700	4,600	1,400	3,900	240	3,200	60	3,100	360	300
Mississippi	16,600	160	15,200	13,800	1,400	33	1,100	---	6	---	6	130	96
Missouri	51,300	300	46,200	6/	6/	410	3/ 3,400	---	3/ 400	3/ 40	3/ 460	3/ 700	100
Montana	9,700	300	7,000	7,300	600	92	800	3	120	---	120	47	---
Nebraska 2/	1,800	---	800	730	80	40	330	---	300	90	210	80	---
Nevada	4,700	261	3,800	3,800	6/	---	600	---	---	---	---	200	---
New Hampshire	7,600	270	8,800	8,600	400	26	1,100	19	300	---	300	140	37
New Jersey	101,000	371	88,400	6/	6/	130	9,300	20	1,000	---	1,000	800	50
New Mexico	33,000	700	29,500	6/	6/	6/	2,800	16	630	---	630	660	71
New York	313,000	662	3/ 266,000	6/	6/	3/ 900	30,000	400	12,000	300	11,700	6,100	96
North Carolina	72,700	346	60,200	48,600	11,600	300	7,000	46	2,900	---	2,900	2,800	100
North Dakota	8,300	320	7,300	7,200	53	9	800	7	130	---	120	6	36
Ohio 7/	91,300	210	70,100	3/ 67,000	3/ 3,100	300	10,900	900	2,900	1,300	1,600	2,[illegible]	100
Oklahoma	37,300	300	34,300	34,100	230	---	2,100	---	330	400	80	300	---
Oregon 2/	11,100	---	5,300	4,400	900	60	4,400	100	370	---	370	900	100
Pennsylvania	308,000	677	287,000	186,000	900	300	13,700	81	5,000	400	3,300	900	160
Puerto Rico	73,700	300	60,000	67,100	2,700	---	8,000	61	1,900	900	900	34	300
Rhode Island	22,200	690	20,400	10,700	600	180	1,300	7	430	200	220	30	73
South Carolina	19,400	160	17,600	13,700	1,900	52	1,300	---	260	---	260	330	100
South Dakota	7,100	290	5,600	5,100	300	70	1,000	---	300	---	300	91	100
Tennessee	86,500	556	80,400	72,600	11,300	6/	5,300	---	600	---	600	1,000	130
Texas	52,300	111	47,300	6/	6/	25	4,100	85	600	---	600	370	50
Utah	13,300	272	11,300	11,100	80	1	1,800	90	---	---	---	120	17
Vermont	3,700	300	2,400	2,300	100	30	800	20	300	---	300	57	9
Virgin Islands 2/ 8/	1,200	---	900	790	130	27	170	---	90	57	41	30	---
Virginia	45,300	360	30,800	27,700	3,300	300	9,300	11	1,300	---	1,300	3,300	600
Washington 2/	13,900	---	5,400	4,300	900	360	6,300	170	900	---	900	300	600
West Virginia 2/	7,100	---	3,500	1,800	730	6/	3,300	6/	310	---	310	190	300
Wisconsin	56,000	316	44,100	40,800	3,300	770	6,000	300	1,900	300	1,600	900	130
Wyoming	3,300	300	3,000	2,900	33	12	300	---	100	---	100	70	16

1/ Based on estimated population under 21 years of age, January 1, 1970.
2/ Excludes Alaska, Arizona, Illinois, Nebraska, Oregon, Virgin Islands, Washington, and West Virginia.
3/ Estimated.
4/ Not reported.
5/ Includes only those children receiving social services under the child welfare services program.
6/ Included in other elements.
7/ Excludes children receiving social services under the program of aid to families with dependent children in Cuyahoga County.
8/ 1969 data.

Table 2.--Children receiving social services from State and local public welfare agencies: Percentage distribution by living arrangement, by State, March 31, 1970

State	Living arrangement						
	In homes of parents or relatives	In independent living arrangements	In foster family homes	In group homes	In institutions	In adoptive homes	Elsewhere
Total:							
Number 1/.......	2,363,000	9,700	215,000	3,200	56,100	30,700	6,000
Percent 1/......	88	(2/)	8	(2/)	2	1	(2/)
Alabama..............	96	(2/)	3	(2/)	1	1	(2/)
Alaska..............	---	---	---	---	---	---	---
Arizona..............	---	---	---	---	---	---	---
Arkansas..............	80	(2/)	16	---	2	2	(2/)
California..............	90	(2/)	7	(2/)	1	2	(2/)
Colorado..............	80	(2/)	12	1	3	2	2
Connecticut..............	88	1	8	(2/)	2	(2/)	(2/)
Delaware..............	84	(2/)	14	---	2	(2/)	(2/)
District of Columbia...	92	(2/)	5	(2/)	2	(2/)	(2/)
Florida..............	92	(2/)	5	---	1	2	(2/)
Georgia..............	93	(2/)	3	(2/)	1	3	(2/)
Hawaii..............	81	1	14	---	1	3	1
Idaho..............	89	---	9	(2/)	1	2	(2/)
Illinois..............	---	---	---	---	---	---	---
Indiana..............	73	(2/)	15	(2/)	5	5	(2/)
Iowa..............	90	(2/)	7	(2/)	2	(2/)	(2/)
Kansas..............	89	(2/)	5	(2/)	4	1	(2/)
Kentucky..............	90	---	4	(2/)	3	2	(2/)
Louisiana..............	86	(2/)	10	(2/)	1	3	(2/)
Maine..............	77	(2/)	19	---	3	1	(2/)
Maryland..............	79	(2/)	17	(2/)	1	1	1
Massachusetts..........	85	1	9	(2/)	3	1	1
Michigan..............	95	(2/)	4	(2/)	(2/)	(2/)	---
Minnesota..............	82	2	9	(2/)	5	1	1
Mississippi..............	92	(2/)	7	---	(2/)	1	1
Missouri..............	90	1	7	---	1	2	(2/)
Montana..............	90	1	7	(2/)	1	1	---
Nebraska..............	---	---	---	---	---	---	---
Nevada..............	80	---	14	---	---	6	---
New Hampshire..........	79	(2/)	15	(2/)	3	2	(2/)
New Jersey..............	88	(2/)	9	(2/)	2	1	(2/)
New Mexico..............	90	(2/)	6	(2/)	1	3	(2/)
New York..............	84	(2/)	10	(2/)	4	1	(2/)
North Carolina..........	83	(2/)	10	(2/)	4	3	(2/)
North Dakota..........	87	(2/)	11	(2/)	1	(2/)	(2/)
Ohio 4/..............	77	1	14	1	6	2	1
Oklahoma..............	92	---	6	---	1	1	---
Oregon..............	---	---	---	---	---	---	---
Pennsylvania..........	90	(2/)	7	(2/)	3	(2/)	(2/)
Puerto Rico..........	95	---	3	(2/)	2	(2/)	(2/)
Rhode Island..........	92	1	5	(2/)	2	(2/)	(2/)
South Carolina..........	90	(2/)	6	(2/)	1	1	1
South Dakota..........	78	1	14	---	2	1	3
Tennessee..............	96	(2/)	2	---	1	1	(2/)
Texas..............	90	(2/)	8	(2/)	1	1	(2/)
Utah..............	84	(2/)	14	1	---	1	(2/)
Vermont..............	64	1	25	1	8	2	(2/)
Virgin Islands..........	---	---	---	---	---	---	---
Virginia..............	68	(2/)	21	(2/)	3	7	1
Washington..............	---	---	---	---	---	---	---
West Virginia..........	---	---	---	---	---	---	---
Wisconsin..............	80	1	12	(2/)	3	2	(2/)
Wyoming..............	85	(2/)	8	---	4	2	(2/)

1/ Excludes Alaska, Arizona, Illinois, Nebraska, Oregon, Virgin Islands, Washington, and West Virginia.
2/ Less than 0.5 percent.
3/ Included in other classes.
4/ Excludes children receiving social services under the program of aid to families with dependent children in Cuyahoga County.

Table 3.--Children for whom foster care was purchased by State or local public welfare agencies from voluntary child welfare agencies and institutions on March 31, 1970, by type of foster care, by State

State	Total number of children	Foster family homes	Group homes	Institutions			
				Total	Child welfare institutions	Maternity homes	Other institutions
Total..............	58,300	25,600	1,400	31,300	24,100	1,500	5,000
Alabama..............	130	5	6	120	72	19	29
Alaska..............	200	---	19	180	160	6	12
Arizona..............	120	---	---	120	120	3	---
Arkansas..............	30	---	---	30	6	24	---
California..............	2,900	770	400	1,800	1,200	300	200
Colorado..............	500	---	---	500	180	27	300
Connecticut..............	1/ 780	(2/)	27	760	620	---	140
Delaware..............	170	130	---	41	41	---	---
District of Columbia...	170	44	---	130	110	17	---
Florida..............	280	130	---	150	110	30	8
Georgia..............	290	---	6	280	200	80	---
Hawaii..............	23	---	---	23	19	4	---
Idaho..............	10	---	---	10	10	---	---
Illinois 3/..............	5,200	1,900	43	3,200	2,900	71	300
Indiana..............	1,200	630	44	560	430	33	100
Iowa..............	440	130	31	230	82	3	140
Kansas..............	220	35	6	180	140	11	22
Kentucky..............	94	6	---	88	55	33	---
Louisiana..............	540	---	---	540	540	6	---
Maine..............	---	---	---	---	---	---	---
Maryland..............	960	210	10	710	680	4	32
Massachusetts..............	2,000	230	(4/)	1,800	1,100	40	610
Michigan..............	1,400	1,200	---	210	210	---	---
Minnesota..............	920	200	(4/)	720	(2/)	(2/)	(2/)
Mississippi..............	6	---	---	6	---	6	---
Missouri..............	5/ 200	5/ 100	---	5/ 100	5/ 100	---	---
Montana..............	110	---	2	110	100	8	---
Nebraska 3/..............	250	130	---	110	110	---	6
Nevada..............	---	---	---	---	---	---	---
New Hampshire..............	180	1	2	180	50	1	120
New Jersey..............	520	---	---	520	480	32	---
New Mexico..............	150	---	14	140	96	2	38
New York..............	24,000	14,000	400	9,500	7,800	370	1,400
North Carolina..............	170	11	---	160	150	11	---
North Dakota..............	220	130	7	81	68	---	13
Ohio 6/..............	1,500	160	20	1,400	710	30	600
Oklahoma..............	---	---	---	---	---	---	---
Oregon 3/..............	200	4	7	190	180	15	---
Pennsylvania..............	7,100	4,000	26	3,100	2,500	29	570
Puerto Rico..............	300	---	---	300	300	---	---
Rhode Island..............	5/ 130	2	3	130	5/ 120	3	---
South Carolina..............	100	78	---	22	5	4	13
South Dakota..............	230	96	---	130	93	38	---
Tennessee..............	340	---	---	340	290	50	---
Texas..............	5/ 86	5/ 50	20	16	---	---	16
Utah..............	100	100	---	---	---	---	---
Vermont..............	100	17	22	62	62	---	---
Virgin Islands 7/..............	22	---	---	22	22	---	---
Virginia..............	540	72	11	460	380	3	82
Washington 3/..............	1,800	800	130	800	700	95	---
West Virginia..............	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)
Wisconsin..............	1,200	150	28	1,000	710	64	260
Wyoming..............	73	---	---	73	69	4	---

1/ Incomplete.
2/ Not reported.
3/ Excludes children receiving social services under the program of aid to families with dependent children.
4/ Included in other classes.
5/ Estimated.
6/ Excludes children receiving social services under the program of aid to families with dependent children in Cuyahoga County.
7/ 1969 data.

Table 4.--Children receiving services from voluntary child welfare agencies and institutions: Number by living arrangement, and rate per 10,000 child population, by State, March 31, 1970

State	Total		In homes of parents	In homes of relatives	In independent living arrangements	In foster family homes	In group homes	In institutions	In adoptive homes	Elsewhere	Not reported
	Number	Rate per 10,000 child population 1/									
Total	200,000	2/ 26	44,400		4,800	41,300	2,500	63,300	37,900	2,100	530
Alabama	1,600	11	290	32	15	70	5	970	160	40	---
Alaska	220	17	---	---	---	---	19	210	---	---	---
Arizona	2,000	27	41	7	---	550	---	900	490	12	---
Arkansas	700	9	---	---	---	---	---	700	---	---	---
California	8,000	10	1,200	100	220	2,000	280	2,200	2,000	120	---
Colorado	1,200	13	150	5	42	140	95	320	320	77	95
Connecticut	3,200	27	900	31	83	350	15	660	800	20	240
Delaware	610	27	9	1	1	140	---	190	240	21	---
District of Columbia	1,300	43	200	240	24	260	43	210	360	19	---
Florida	4,200	17	560	61	260	690	72	1,000	1,500	83	---
Georgia	2,200	11	100	3	61	130	6	1,700	210	10	---
Hawaii	1,100	33	800	74	11	36	7	75	68	4	---
Idaho 3/	3/ 42	---	(6/)	(6/)	(6/)	(6/)	(6/)	3/ 42	(6/)	(6/)	---
Illinois	10,300	26	630	110	120	2,700	48	4,700	2,800	31	---
Indiana	4,100	19	520	61	51	800	200	1,700	630	59	---
Iowa	3,100	28	440	27	190	510	36	450	1,400	24	60
Kansas	1,400	16	160	3	53	160	16	480	560	3	---
Kentucky	2,800	22	400	46	---	120	10	1,800	240	140	---
Louisiana	2,200	13	310	18	20	140	17	1,200	560	3	---
Maine	950	25	520	---	6	39	---	210	180	---	---
Maryland	2,700	17	1,100	23	44	400	22	810	320	5	---
Massachusetts	8,100	39	3,100	400	360	920	280	1,000	1,900	170	---
Michigan	11,500	31	2,200	190	74	2,900	---	2,000	4,200	---	---
Minnesota	6,000	39	1,600	110	480	1,100	47	700	1,700	190	---
Mississippi	670	6	26	11	15	100	---	500	3	15	---
Missouri	3,700	21	1,300	72	89	420	130	5/1,000	700	28	---
Montana	470	16	6	6	8	29	4	280	140	---	---
Nebraska	3,100	55	600	21	120	240	---	1,400	720	16	---
Nevada	310	16	190	(6/)	---	4	---	87	29	---	---
New Hampshire	920	33	110	13	3	48	2	550	200	---	---
New Jersey 3/	3/4,600	---	3/1,800	3/110	3/ 15	3/510	3/72	3/1,000	3/1,100	---	---
New Mexico	710	15	29	5	63	5	21	460	130	1	---
New York	34,400	51	5,900	510	890	16,800	390	8,500	3,300	79	---
North Carolina 3/	3/1,200	---	(6/)	(6/)	(6/)	3/ 11	(6/)	3/1,200	(6/)	(6/)	---
North Dakota	760	30	---	---	---	130	7	170	430	26	---
Ohio	11,600	27	5,700	360	190	1,100	77	2,000	2,100	95	---
Oklahoma	2,300	23	340	12	2	180	4	1,600	140	5	---
Oregon	1,900	24	290	18	120	200	66	390	780	15	---
Pennsylvania	18,600	43	5,400	130	140	4,500	88	6,200	1,900	300	---
Puerto Rico	640	4	---	---	---	---	---	640	---	---	---
Rhode Island	960	28	440	20	5	79	13	150	230	5	---
South Carolina 3/	3/ 200	---	(6/)	(6/)	(6/)	3/ 78	(6/)	3/ 120	(6/)	(6/)	---
South Dakota	710	24	72	9	28	81	6	240	270	9	---
Tennessee	2,700	17	78	3	---	270	---	1,900	400	73	---
Texas	13,600	29	3,600	130	220	1,100	95	6,300	2,000	140	120
Utah	5/2,200	45	5/240	9	20	5/1,500	1	10	360	100	---
Vermont	660	38	90	3	13	29	55	320	150	11	---
Virgin Islands 7/	22	7	---	---	---	---	---	22	---	---	---
Virginia	2,700	14	580	20	38	200	47	1,300	490	29	---
Washington	6,700	35	990	87	240	1,000	150	5/1,000	1,100	100	---
West Virginia	480	7	4	---	1	11	22	370	53	2	14
Wisconsin	5,600	31	1,400	94	540	540	18	1,200	1,600	31	---
Wyoming	110	8	---	---	---	---	---	100	7	---	---

1/ Based on estimated population under 21 years of age, January 1, 1970.
2/ Excludes Idaho, New Jersey, North Carolina, and South Carolina.
3/ Incomplete.
4/ Not reported.
5/ Estimated.
6/ Included in other classes.
7/ 1969 data.

Table 5.--Children receiving services from voluntary child welfare agencies and institutions: Percentage distribution by living arrangement, by State, March 31, 1970

State	Living arrangement							
	In homes of parents	In homes of relatives	In independent living arrangements	In foster family homes	In group homes	In institutions	In adoptive homes	Elsewhere
Total:								
Number 1/	42,600	3,100	4,000	40,700	2,400	60,900	36,800	2,100
Percent 1/	22	2	2	21	1	31	19	1
Alabama	18	2	1	4	(2/)	61	10	3
Alaska	---	---	---	---	8	92	---	---
Arizona	3	(2/)	---	27	---	45	25	1
Arkansas	---	---	---	---	---	100	---	---
California	15	1	3	25	4	27	25	1
Colorado	13	(2/)	4	12	8	28	38	7
Connecticut	31	1	3	12	1	22	30	1
Delaware	1	(2/)	(2/)	23	---	31	40	3
District of Columbia	15	18	2	18	3	16	26	1
Florida	13	1	6	16	2	24	35	2
Georgia	4	(2/)	2	8	(2/)	78	9	(2/)
Hawaii	78	7	1	3	1	7	4	(2/)
Idaho 3/	---	---	---	---	---	---	---	---
Illinois	6	1	1	26	(2/)	45	19	(2/)
Indiana	13	2	1	22	5	41	15	1
Iowa	14	1	6	17	1	15	45	1
Kansas	11	(2/)	4	11	1	34	38	(2/)
Kentucky	14	2	---	4	(2/)	66	9	5
Louisiana	14	1	1	6	1	52	25	(2/)
Maine	55	---	1	4	---	22	18	---
Maryland	39	1	2	15	1	30	12	(2/)
Massachusetts	38	5	4	11	4	13	23	2
Michigan	19	2	1	25	---	18	36	---
Minnesota	28	2	8	18	1	12	29	3
Mississippi	4	2	2	15	---	75	(2/)	2
Missouri	34	2	2	11	4	27	13	1
Montana	1	1	2	6	1	60	29	---
Nebraska	22	1	4	8	---	43	23	1
Nevada	62	(4/)	---	1	---	28	9	---
New Hampshire	12	1	(2/)	5	(2/)	59	22	---
New Jersey 3/	---	---	---	---	---	---	---	---
New Mexico	4	1	9	1	3	64	18	(2/)
New York	17	1	3	43	1	25	10	(2/)
North Carolina 3/	---	---	---	---	---	[illegible]	---	---
North Dakota	---	---	---	17	1	12	56	3
Ohio	49	3	2	9	1	18	18	1
Oklahoma	15	1	(2/)	8	(2/)	70	6	(2/)
Oregon	15	1	6	11	3	21	42	1
Pennsylvania	29	1	1	24	(2/)	33	10	2
Puerto Rico	---	---	---	---	---	100	---	---
Rhode Island	47	2	1	8	1	16	24	1
South Carolina 3/	---	---	---	---	---	---	---	---
South Dakota	10	1	4	11	1	34	37	1
Tennessee	3	(2/)	---	10	---	70	15	3
Texas	27	1	2	8	1	47	14	1
Utah 5/	11	(2/)	1	67	(2/)	(2/)	15	5
Vermont	14	(2/)	2	4	8	48	22	2
Virgin Islands 6/	---	---	---	---	---	100	---	---
Virginia	22	1	1	7	2	48	18	1
Washington	21	2	5	21	3	21	24	2
West Virginia	1	---	(2/)	2	5	78	11	(2/)
Wisconsin	25	2	10	10	(2/)	22	30	1
Wyoming	---	---	---	---	---	94	6	---

1/ Excludes Idaho, New Jersey, North Carolina, and South Carolina.
2/ Less than 0.5 percent.
3/ Incomplete.
4/ Included in other classes.
5/ Based in part on estimated data.
6/ 1969 data.

Table 6.--Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions, by living arrangement and agency auspices, with percent distribution by living arrangement, United States, March 31, 1970

Living arrangement	Estimated unduplicated total [1]		Agency auspices					
			Public welfare agencies or institutions only		Both public welfare and voluntary child welfare agencies or institutions		Voluntary child welfare agencies or institutions only	
	Number	Percent distribution	Number	Percent	Number	Percent	Number	Percent
Total	2,909,000	100	[2]2,708,000	100	[3]39,600	100	[4]161,000	100
In homes of parents or relatives or in independent living arrangements	2,460,000	85	2,408,000	89	---	---	52,300	32
In foster care [5]	326,000	11	226,000	8	37,300	94	62,300	39
Foster family homes	250,000	9	217,000	8	15,600	43	15,000	11
Group homes	4,700	(6)	2,200	(6)	1,400	3	1,100	1
Child welfare institutions	52,600	2	7,000	(6)	20,300	51	25,300	16
In maternity homes	5,500	(6)	---	---	2,300	6	3,200	2
In other institutions [7]	25,400	1	23,400	1	---	---	2,000	1
In adoptive homes	80,600	3	42,700	2	---	---	37,900	24
Elsewhere	10,100	(6)	8,000	(6)	---	---	2,100	1
Living arrangements not reported	530	(6)	---	---	---	---	530	(6)

See footnotes below.

Table 7.--Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions, by living arrangement and agency auspices, with percent distribution by agency auspices, United States, March 31, 1970

Living arrangement	Estimated unduplicated total [1]		Agency auspices					
			Public welfare agencies or institutions only		Both public welfare and voluntary child welfare agencies or institutions		Voluntary child welfare agencies or institutions only	
	Number	Percent distribution	Number	Percent	Number	Percent	Number	Percent
Total	2,909,000	100	[2]2,708,000	93	[3] 39,600	1	[4]161,000	6
In homes of parents or relatives or in independent living arrangements	2,460,000	100	2,408,000	98	---	---	52,300	2
In foster care [5]	326,000	100	226,000	69	37,300	11	62,300	19
Foster family homes	250,000	100	217,000	87	15,600	10	15,000	6
Group homes	4,700	100	2,200	47	1,400	30	1,100	23
Child welfare institutions	52,600	100	7,000	13	20,300	39	25,300	48
In maternity homes	5,500	100	---	---	2,300	42	3,200	58
In other institutions [7]	25,400	100	23,400	92	---	---	2,000	8
In adoptive homes	80,600	100	42,700	53	---	---	37,900	47
Elsewhere	10,100	100	8,000	79	---	---	2,100	21
Living arrangements not reported	530	---	---	---	---	---	530	---

[1] An unduplicated count of children served by public welfare agencies and voluntary child welfare agencies and institutions was estimated from reports of public welfare agencies, child welfare institutions operated by other public agencies, and voluntary child welfare agencies and institutions by counting only once those children reported in voluntary child welfare institutions, maternity homes or foster homes of voluntary agencies for whose care public agencies were responsible.

[2] Excludes children receiving social services under the program of aid to families with dependent children in Illinois, Nebraska, Oregon, Virgin Islands, Washington, and West Virginia. Ohio excludes Cuyahoga County.

[3] For the great majority of these children the public agency was purchasing care from a voluntary agency.

[4] Data incomplete for Idaho, New Jersey, North Carolina, and South Carolina.

[5] Excludes children in maternity homes and in institutions other than child welfare institutions.

[6] Less than 0.5 percent.

cludes those children in institutions for delinquent children or the mentally or physically handicapped who were also receiv-
r services from a child welfare agency.

Table 9.--Children receiving social services from public welfare agencies and voluntary child welfare agencies and institutions: Percentage distribution by living arrangement, by State, March 31, 1970

State	Living arrangement				
	In homes of parents, relatives, or independently	In foster family homes or group homes	In institutions	In adoptive homes	Elsewhere
Total:					
Number.............	1/ 2,440,000	1/ 383,000	1/ 83,300	1/ 80,600	1/ 10,100
Percent.............	2/ 85	2/ 9	2/ 3	2/ 3	2/ (3/)
Alabama....................	95	3	1	1	(3/)
Alaska....................	---	---	---	---	---
Arizona....................	---	---	---	---	---
Arkansas....................	76	15	10	2	(3/)
California....................	90	7	1	2	(3/)
Colorado....................	78	13	3	4	2
Connecticut....................	87	8	2	2	(3/)
Delaware....................	80	13	3	3	(3/)
District Columbia..........	91	6	2	1	(3/)
Florida....................	90	6	1	3	(3/)
Georgia....................	91	4	2	3	(3/)
Hawaii....................	84	12	1	3	1
Idaho....................	---	---	---	---	---
Illinois....................	---	---	---	---	---
Indiana....................	71	16	6	6	(3/)
Iowa....................	84	8	3	5	(3/)
Kansas....................	87	5	4	3	(3/)
Kentucky....................	85	4	7	3	(3/)
Louisiana....................	84	10	3	4	(3/)
Maine....................	77	18	3	3	(3/)
Maryland....................	79	17	2	2	1
Massachusetts..............	83	10	2	4	1
Michigan....................	88	5	2	4	---
Minnesota....................	81	10	5	3	1
Mississippi....................	89	7	3	1	1
Missouri....................	88	7	2	3	(3/)
Montana....................	87	7	3	2	---
Nebraska....................	---	---	---	---	---
Nevada....................	78	14	2	6	---
New Hampshire..............	74	14	8	4	(3/)
New Jersey....................	---	---	---	---	---
New Mexico....................	89	6	2	3	(3/)
New York....................	83	10	4	2	(3/)
North Carolina..............	---	---	---	---	---
North Dakota..............	82	10	2	5	1
Ohio....................	75	6	5	4	1
Oklahoma....................	90	6	3	1	(3/)
Oregon....................	---	---	---	---	---
Pennsylvania..............	88	7	4	1	(3/)
Puerto Rico..............	96	3	1	(3/)	(3/)
Rhode Island..............	91	6	2	1	(3/)
South Carolina..............	---	---	---	---	---
South Dakota..............	76	13	4	5	2
Tennessee....................	94	2	2	2	(3/)
Texas....................	78	8	10	4	(3/)
Utah....................	75	21	(3/)	3	1
Vermont....................	50	34	11	5	(3/)
Virgin Islands..............	---	---	---	---	---
Virginia....................	67	20	6	8	1
Washington....................	---	---	---	---	---
West Virginia..............	---	---	---	---	---
Wisconsin....................	79	13	4	4	(3/)
Wyoming....................	86	8	3	2	(3/)

1/ Excludes children receiving social services under the program of aid to families with dependent children in Illinois, Nebraska, Ohio (Cuyahoga County only), Oregon, Virgin Islands, Washington, and West Virginia; and children receiving services from voluntary child welfare agencies only in Idaho, North Carolina, and South Carolina.

2/ Excludes Alaska, Arizona, Idaho, Illinois, Nebraska, New Jersey, North Carolina, Oregon, South Carolina, Virgin Islands, Washington, and West Virginia.

3/ Less than 0.5 percent.

Table 10.--Children residing in public and voluntary child welfare institutions and maternity homes for unmarried mothers, by State, March 31, 1970

State	Number of children residing in--			
	Child welfare institutions 1/			Voluntary maternity homes
	Total	Public	Voluntary	
Total..............	62,600	7,000	2/ 55,600	5,300
Alabama..............	800	---	3/ 800	4/ 73
Alaska..............	3/ 200	---	3/ 200	6
Arizona..............	850	---	850	56
Arkansas..............	670	---	670	26
California..............	1,600	---	1,600	380
Colorado..............	150	---	150	84
Connecticut..............	670	93	570	53
Delaware..............	170	---	170	22
District of Columbia..	550	450	100	110
Florida..............	820	---	820	190
Georgia..............	1,700	66	1,600	86
Hawaii..............	41	---	41	30
Idaho..............	2/ 42	---	2/ 42	---
Illinois..............	4,700	330	4,400	190
Indiana..............	1,900	440	1,500	98
Iowa..............	580	240	330	60
Kansas..............	430	40	390	89
Kentucky..............	1,800	180	1,600	24
Louisiana..............	1,000	---	1,000	150
Maine..............	180	---	180	19
Maryland..............	770	36	730	73
Massachusetts..............	820	9	810	160
Michigan..............	1,900	17	1,900	160
Minnesota..............	430	45	390	160
Mississippi..............	400	---	400	16
Missouri..............	3/ 880	3/ 40	3/ 840	3/ 160
Montana..............	260	---	260	38
Nebraska..............	1,400	90	1,300	49
Nevada..............	86	---	86	3
New Hampshire..............	560	---	560	11
New Jersey..............	730	---	730	220
New Mexico..............	440	---	4/ 440	15
New York..............	8,600	850	7,800	510
North Carolina..............	2/ 1,100	---	2/ 1,100	81
North Dakota..............	120	---	120	53
Ohio..............	3,700	2,200	1,400	430
Oklahoma..............	2,000	450	1,500	70
Oregon..............	270	---	270	60
Pennsylvania..............	6,100	400	5,700	260
Puerto Rico..............	1,100	500	640	---
Rhode Island..............	330	200	120	27
South Carolina..............	2/ 100	---	2/ 100	18
South Dakota..............	230	---	230	10
Tennessee..............	1,700	---	1,700	130
Texas..............	3,800	---	3,800	470
Utah..............	8	---	8	2
Vermont..............	280	---	280	31
Virgin Islands 5/.....	79	57	22	---
Virginia..............	1,100	---	1,100	120
Washington..............	800	---	800	200
West Virginia..............	320	---	320	47
Wisconsin..............	1,200	200	970	150
Wyoming..............	97	---	97	7

1/ Includes institutions and temporary shelters for dependent, neglected, and emotionally disturbed children, except for those emotionally disturbed children that are in medical institutions.

2/ Excludes children residing in voluntary child welfare institutions who did not receive social services from the public welfare agency in Idaho, North Carolina, and South Carolina.

3/ Estimated.

4/ Incomplete.

5/ 1969 data.

Table 11.--Number and capacity of child welfare institutions and maternity homes for unmarried mothers, by auspices, by State, March 1970

State	Child welfare institutions 1/						Voluntary maternity homes	
	Total		Public		Voluntary			
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Total	2/ 1,400	2/83,300	150	13,000	1,200	72,300	310	7,200
Alabama	16	1,000	---	---	16	1,000	3	100
Alaska	14	330	---	---	14	330	2	26
Arizona	33	1,300	---	---	25	1,100	3	60
Arkansas	12	770	---	---	12	770	1	37
California	29	1,900	---	---	29	1,900	8	300
Colorado	21	710	---	---	21	710	2	190
Connecticut	14	810	1	100	13	710	2	73
Delaware	7	230	---	---	7	230	1	28
District of Columbia	5	620	1	450	4	170	3	160
Florida	23	1,200	4	3/ 150	19	1,000	10	260
Georgia	36	2,100	2	94	34	2,000	2	110
Hawaii	1	94	---	---	1	94	1	30
Idaho	4	170	---	---	4	170	1	36
Illinois	81	6,200	3	410	78	5,800	8	240
Indiana	38	2,500	10	960	28	1,600	7	160
Iowa	20	1,100	4	550	15	470	5	190
Kansas	22	500	1	48	21	450	2	64
Kentucky	50	2,600	4	280	46	2,300	2	57
Louisiana	26	1,500	2	170	24	1,300	7	200
Maine	10	450	1	3/ 40	7	370	1	30
Maryland	17	770	1	42	16	730	3	97
Massachusetts	26	1,100	1	65	25	1,100	6	200
Michigan	52	2,400	3	63	49	2,400	6	320
Minnesota	17	490	1	65	16	430	4	160
Mississippi	10	690	---	---	10	690	2	38
Missouri	29	1,200	4	100	25	1,100	6	200
Montana	7	500	1	190	6	310	1	32
Nebraska	21	1,700	2	120	19	1,600	1	80
Nevada	4	170	2	90	2	84	---	---
New Hampshire	11	460	---	---	11	460	---	---
New Jersey	28	1,300	4	200	24	1,100	8	170
New Mexico	12	590	---	---	12	590	1	16
New York	98	9,300	3	850	95	8,400	22	630
North Carolina	25	3,000	---	---	25	3,000	3	120
North Dakota	3	120	---	---	3	120	2	57
Ohio	87	5,100	53	3,200	34	1,900	12	470
Oklahoma	36	2,500	3/ 6	3/ 530	30	2,000	3	3/ 100
Oregon	7	340	---	---	7	340	1	100
Pennsylvania	110	7,700	5	470	100	7,300	11	400
Puerto Rico	3/ 15	3/ 1,200	5	585	3/ 10	3/ 640	---	---
Rhode Island	6	620	1	160	5	460	1	25
South Carolina	21	1,800	2	350	19	1,400	1	42
South Dakota	8	200	---	---	8	200	---	---
Tennessee	57	3,500	8	1,200	49	2,300	5	130
Texas	96	7,400	6	970	76	6,400	17	700
Utah	---	---	---	---	---	---	---	---
Vermont	5	360	---	---	5	340	1	33
Virgin Islands 4/	2	140	1	100	1	38	---	---
Virginia	31	1,600	---	---	31	1,600	6	140
Washington	31	880	---	---	27	800	10	220
West Virginia	13	480	3	130	10	360	3	52
Wisconsin	30	1,300	2	210	28	1,100	5	180
Wyoming	5	120	1	88	3	120	1	7

1/ Includes institutions and temporary shelters for dependent, neglected, and emotionally disturbed children, except those for emotionally disturbed children that are in medical institutions

2/ Includes 30 institutions having a capacity of around 1,000 children that were reported to be under independent auspices.

3/ Estimated.

4/ 1969 data.

Table [illegible].--Licensed or approved foster family homes and group homes, by auspices and capacity, by State, March 1970

State	Foster family homes								Group homes							
	Total		Public		Voluntary		Independent		Total		Public		Voluntary		Independent	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Total	1/ 137,000	1/ 340,000	119,000	271,000	33,300	61,400	3,000	8,000	710	5,100	300	2,300	330	2,000	36	400
Alabama	1,300	4,300	1,400	3,700	110	430	---	---	3	35	---	---	3	35	---	---
Alaska	600	770	600	770	---	---	---	---	9	70	---	---	9	70	---	---
Arizona	1,000	3,000	700	1,700	300	1,300	---	---	---	---	---	---	---	---	---	---
Arkansas	800	3,700	800	3,700	---	---	---	---	1	17	---	---	1	17	---	---
California	16,300	[illegible]	14,000	[illegible]	1,800	4,600	400	1,800	40	[illegible]	---	---	30	160	10	[illegible]
Colorado	1,900	[illegible]	1,600	[illegible]	170	440	34	100	10	[illegible]	10	100	---	---	---	---
Connecticut	3,000	[illegible]	2,500	4,000	400	[illegible]	300	470	9	63	---	---	6	25	3	41
Delaware	600	[illegible]	400	1,100	110	[illegible]	10	10	---	---	---	---	---	---	---	---
District of Columbia	600	[illegible]	500	1,400	74	[illegible]	10	25	60	300	41	170	26	150	---	---
Florida	2,300	3,300	1,700	3,000	400	[illegible]	---	---	25	130	---	---	16	95	9	37
Georgia	1,300	4,300	1,400	4,000	140	300	---	---	1	6	---	---	1	6	---	---
Hawaii	300	670	250	650	30	30	---	---	1	6	---	---	1	6	---	---
Idaho	600	1,300	2/	2/	2/	2/	2/	2/	3	21	---	---	---	---	3	20
Illinois	9,400	17,000	[illegible]	[illegible]	[illegible]	[illegible]	140	[illegible]	30	210	1	6	30	200	---	---
Indiana	3,300	7,400	1/ 2,300	1/ 5,300	1/ 1,000	1/ 2,100	---	---	15	160	---	---	15	160	---	---
Iowa	1,000	4,000	1,600	3,000	300	970	---	---	7	40	3	11	3	13	3	19
Kansas	1,600	3,000	1,300	3,000	130	210	---	---	6	40	---	---	3	20	3	24
Kentucky	1,000	2,000	870	2,300	130	300	---	---	4	30	2	16	2	16	---	---
Louisiana	1,300	3,400	1,300	3,300	1/ 70	1/ 140	---	---	12	90	12	90	---	---	---	---
Maine	700	1,000	700	1,000	30	30	30	33	---	---	---	---	---	---	---	---
Maryland	3,100	11,000	4,400	11,000	400	730	30	60	6	37	2	13	4	25	---	---
Massachusetts	4,000	1/ 7,100	3,000	1/ 6,000	750	1,000	---	---	16	150	---	---	16	150	---	---
Michigan	7,000	12,000	2,100	4,300	1,000	5,700	3,000	3,000	10	100	7	90	---	---	3	10
Minnesota	4,000	8,700	3,000	8,000	400	710	---	---	4	30	2	15	1	4	3	27
Mississippi	1/ 500	1/ 1,000	500	1,000	2/	2/	---	---	---	---	---	---	---	---	---	---
Missouri	1,700	8,700	1,600	7,000	100	[illegible]	---	---	8	60	---	---	8	60	---	---
Montana	600	1,300	600	1,300	1/ 11	1/ 30	---	---	1	[illegible]	---	---	---	---	1	13
Nebraska	300	600	300	470	80	100	30	97	5	30	---	---	---	---	5	30
Nevada	300	760	300	760	---	---	---	---	2	30	2	30	---	---	---	---
New Hampshire	500	1,700	500	1,600	40	130	---	---	1	6	---	---	1	6	---	---
New Jersey	4,000	1/ 9,000	4,400	9,000	1/ 300	1/ 310	---	---	3/ 30	3/ 150	7	30	3/ 13	3/ 70	---	---
New Mexico	800	2,300	810	2,300	1/ 9	1/ 10	---	---	3/ 3	3/ 21	---	---	3/ 3	3/ 21	---	---
New York	20,300	35,400	12,000	27,300	11,000	8,300	70	300	67	600	---	---	67	600	---	---
North Carolina	2,100	6,300	1,900	5,000	150	300	---	---	30	150	22	130	8	9	---	---
North Dakota	600	1,300	600	1,000	110	300	---	---	1	6	---	---	1	6	---	---
Ohio	7,000	14,700	6,000	13,100	1,000	1,000	23	70	30	400	20	300	16	97	3	10
Oklahoma	2,000	3,700	2,000	3,300	140	300	---	---	---	---	---	---	---	---	---	---
Oregon	1/ 2,700	1/ 3,000	2,700	3,400	2/	2/	9	15	30	150	20	120	6	20	---	---
Pennsylvania	6,400	14,000	3,700	10,000	2,700	3,700	---	---	30	150	6	30	20	150	---	---
Puerto Rico	900	2,000	900	2,000	---	---	---	---	3	150	3	150	---	---	---	---
Rhode Island	600	1,300	300	1,300	33	100	16	33	3	20	1	4	2	16	---	---
South Carolina	300	1,700	300	1,700	30	30	2	2	---	---	---	---	---	---	---	---
South Dakota	300	800	300	770	1/ 40	1/ 300	---	---	1	6	---	---	1	6	---	---
Tennessee	1/ 1,000	1/ 2,300	1,000	2,400	2/	2/	8	62	---	---	---	---	---	---	---	---
Texas	1,000	6,000	700	3,000	2/	1,300	19	66	17	140	5	40	11	100	1	10
Utah	1/ 700	1/ 1,300	700	1,300	2/	2/	---	---	25	130	2	16	---	---	16	130
Vermont	650	1,400	500	1,300	75	130	---	---	3	31	---	---	2	30	1	7
Virgin Islands	70	130	70	130	---	---	---	---	---	---	---	---	---	---	---	---
Virginia	4,000	10,600	4,400	10,300	300	300	36	90	6	34	---	---	6	34	---	---
Washington	5,300	9,400	4,300	8,300	1/ 300	1/ 1,000	130	170	40	300	14	67	26	200	1	10
West Virginia	1/ 1,700	1/ 4,000	1/ 1,700	1/ 4,000	35	43	---	---	83	500	33	500	2	10	---	---
Wisconsin	3,900	11,100	3,300	10,300	400	700	---	---	3	27	---	---	3	27	---	---
Wyoming	140	250	140	250	---	---	---	---	---	---	---	---	---	---	---	---

1/ Includes 800 homes with a capacity of 1,300 children which were not reported by auspices.
2/ Not reported.
3/ Estimated.
4/ Incomplete.
5/ 1969 data.

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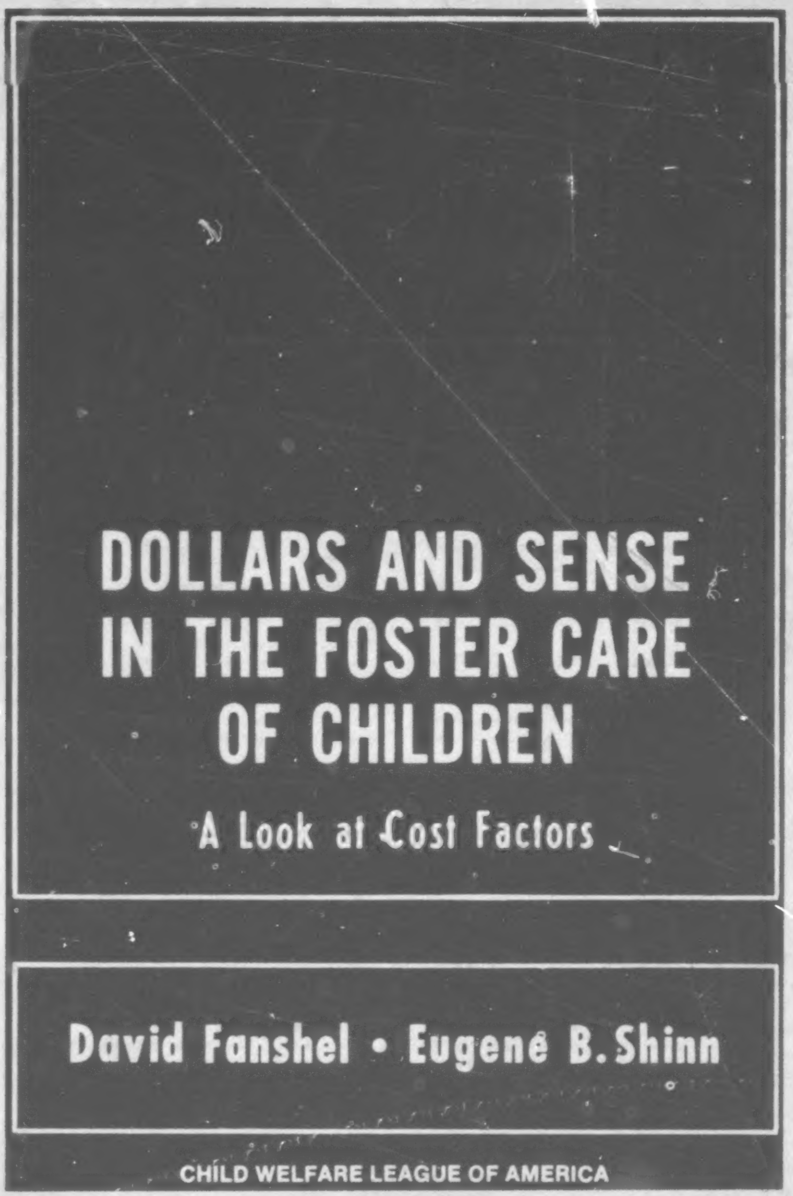
Table 13.--Licensed or approved day care centers and family day care homes, by auspices and capacity, by State, March 1970

State	Day care centers								Family day care homes							
	Total		Public		Voluntary		Independent		Total		Public		Voluntary		Independent	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Total	1/ 16,700	1/ 626,000	1,300	50,700	5,000	234,000	8,400	393,000	2/ 40,700	2/ 147,000	4,600	16,300	670	2,100	33,400	121,000
Alabama	260	11,300	81	4,300	30	2,400	120	4,600	360	2,000	---	---	---	---	360	2,000
Alaska	76	740	---	---	---	---	76	740	62	120	---	---	---	---	62	120
Arizona	350	16,800	---	---	310	16,000	63	1,100	440	900	---	---	---	---	440	900
Arkansas	97	3,500	50	1,000	21	2,100	18	420	210	640	---	---	---	---	210	640
California	2,400	109,000	320	21,000	1,000	44,400	1,000	43,100	10,800	41,500	---	---	---	---	10,800	46,500
Colorado	260	9,300	2	75	96	4,200	160	5,000	1,100	4,300	13	45	---	---	1,100	4,300
Connecticut	620	16,500	61	1,000	180	8,300	270	6,600	750	2,000	---	---	61	74	600	2,000
Delaware	63	2,700	---	---	40	1,000	25	900	140	500	---	---	---	---	140	500
District of Columbia	190	6,400	60	1,000	16	570	120	6,800	320	810	80	300	87	230	140	300
Florida	390	23,000	---	---	130	7,000	300	15,300	150	660	---	---	3	3	130	660
Georgia	760	33,000	---	---	190	10,000	570	22,220	110	400	100	440	---	---	8	36
Hawaii	120	7,100	---	---	80	4,300	41	3,000	80	390	---	---	---	---	80	300
Idaho	23	510	---	---	---	---	23	510	150	400	---	---	---	---	150	400
Illinois	560	22,900	14	700	300	9,800	300	12,900	2,400	8,000	140	300	13	27	2,300	7,400
Indiana	87	3,700	6	230	60	2,300	32	1,200	920	4,400	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Iowa	140	4,200	3	110	70	2,500	50	1,600	600	1,900	600	1,300	---	---	130	300
Kansas	150	3,200	10	200	40	1,300	91	1,600	1,000	2,900	---	---	---	---	1,000	1,000
Kentucky	320	8,000	87	2,400	42	1,700	180	4,700	8	40	---	---	---	---	8	40
Louisiana	260	7,700	13	620	63	3,100	180	3,800	600	3,300	600	3,300	---	---	---	---
Maine	30	1,200	---	---	15	720	15	510	40	230	---	---	---	---	40	230
Maryland	860	30,600	13	500	1	53	850	30,200	1,100	3,000	230	850	---	---	870	3,000
Massachusetts	1,000	33,000	---	---	4/ 430	4/13,000	4/ 620	4/20,400	---	---	---	---	---	---	---	---
Michigan	480	15,600	1	36	310	8,900	170	6,100	2,000	8,700	---	---	5	13	2,000	8,700
Minnesota	80	2,900	---	---	---	---	80	2,900	2,000	6,600	---	---	---	---	2,000	6,600
Mississippi	3	100	2	64	1	30	2	66	8	30	8	30	---	---	---	---
Missouri	320	6,500	2	99	140	3,400	180	4,700	240	1,400	80	510	---	---	150	910
Montana	33	990	---	---	---	---	33	990	400	5/ 900	---	---	---	---	400	5/ 900
Nebraska	47	1,600	16	480	9	330	22	700	91	510	---	---	---	---	91	510
Nevada	31	600	---	---	3	100	29	460	---	---	---	---	---	---	---	---
New Hampshire	190	5,600	---	---	67	2,000	120	3,700	300	1,400	---	---	---	---	300	1,400
New Jersey	500	18,300	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	270	700	270	700	---	---	---	---
New Mexico	35	1,300	---	---	15	860	20	400	5/ 70	5/ 200	70	5/ 200	---	---	(3/)	(3/)
New York	730	25,600	12	800	500	17,300	210	7,500	2,500	8,000	2,100	7,000	220	430	130	350
North Carolina	300	13,100	6	250	5/ 170	7,700	5/ 130	5,100	64	500	2	30	3	40	59	120
North Dakota	13	420	1	21	5	200	7	140	60	140	---	---	---	---	60	140
Ohio	100	3,000	2	50	82	3,700	10	5/ 30	140	400	160	400	---	---	---	---
Oklahoma	300	11,700	20	1,100	52	3,400	230	7,200	260	1,200	---	---	---	---	240	1,000
Oregon	100	3,400	1	140	30	1,100	72	2,100	200	570	300	300	1	6	---	---
Pennsylvania	430	13,300	250	7,800	130	3,900	40	1,300	870	3,400	---	---	(3/)	(3/)	(3/)	(3/)
Puerto Rico	160	5,300	37	1,900	12	300	110	3,000	120	650	---	---	---	---	130	600
Rhode Island	30	1,400	---	---	20	920	10	500	89	230	---	---	5	12	84	200
South Carolina	270	8,700	33	1,600	13	760	230	6,000	100	1,700	---	---	---	---	100	1,700
South Dakota	4	160	2	30	1	65	7	70	21	67	---	---	---	---	21	67
Tennessee	950	29,000	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	160	1,100	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Texas	1,700	66,500	---	---	300	25,600	1,300	40,900	1,200	5,000	---	---	300	1,300	900	4,300
Utah	64	2,700	3	310	---	---	67	2,400	400	1,700	---	---	---	---	400	1,700
Vermont	24	620	6	230	8	220	10	180	18	170	---	---	---	---	18	170
Virgin Islands 6/	12	280	3	160	4	120	1	15	1	6	---	---	1	6	---	---
Virginia	260	12,200	3	85	140	6,600	130	5,500	990	3,400	---	---	---	---	990	3,400
Washington	160	6,700	---	---	80	3,700	76	3,000	5,200	17,100	---	---	---	---	5,200	17,100
West Virginia	37	1,300	---	---	13	750	24	600	(3/)	(3/)	(3/)	(3/)	---	---	---	---
Wisconsin	220	5,700	30	890	120	3,200	81	1,600	---	---	---	---	---	---	---	---
Wyoming	33	420	---	---	5	190	28	230	80	230	---	---	---	---	80	250

1/ Total includes 1,600 centers with a capacity of 46,100 children which were not reported by auspices.
2/ Total includes 1,900 homes with a capacity of 8,900 children which were not reported by auspices.
3/ Not reported.
4/ Estimated.
5/ Incomplete.
6/ 1969 data.



DOLLARS AND SENSE IN THE FOSTER CARE OF CHILDREN

A Look at Cost Factors

David Fanshel • Eugene B. Shinn

CHILD WELFARE LEAGUE OF AMERICA

Dollars and Sense in the Foster Care of Children: A Look at Cost Factors

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and
Eugene B. Shinn

Child Welfare Research Program,
Columbia University School of Social Work

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FOREWORD

This book is offered by its authors less as a research report than as an expression of concern about certain findings that emerged incidental to the much larger research in which they have been engaged—the Child Welfare Research Program, Columbia University School of Social Work.

In their own words, they examined certain "cost factors associated with the foster care experience of 624 children from 467 families over the period from 1966 to 1970. Using fees paid to agencies from the New York City Charitable Institutions Budget as a measure of cost, the study establishes the variability in cumulative costs associated with such factors as: returning home versus remaining in care, size of family group, type of care provided, reason for placement, and ethnicity. It projects costs for the children who appear likely to spend their childhood years in care. Potential savings achieved through the return of children to their own homes or through obtaining adoptive homes are identified. An argument is developed for using cost factors as a vehicle for case planning. Case illustrations are presented of families where the cost of substitute care will eventually total hundreds of thousands of dollars."

In facilitating wide distribution of this report, the Child Welfare League of America is aware that the purchase-of-care system of New York City has not been the broad pattern, although a trend in this direction is growing. It is also known that New York City is one of the higher-foster-care-cost areas of the country. There is no reason to believe, however, that there is uniqueness in any of the authors' findings such as would negate the interest and attention of the field in general. In pinning down the cumulative costs of long-term foster care, the authors add the factor of money to the human factors that have been increasingly pressing the field toward better decision making in child welfare.

Carl Schoenberg
Director of Publications
Child Welfare League of America, Inc.

PREFACE

Readers may be interested to know that these and other findings of the Child Welfare Research Program helped support the development of several innovative programs in the foster care network operated by New York City.

During the last year a system of incentive payments for increasing desired exits from foster care has been devised. The goal has been to arrange the return home or to find adoptive homes for children who might otherwise spend their entire childhood in foster care. To increase returns home, we are paying private agencies $400 for each child discharged home after more than a year in foster care. This sum is used to help prepare the family for the child's return. We are also providing incentive payments to agencies of $1000 for each hard-to-place child adopted, if the number of such adoptions arranged in a year is greater than the agency's previous 3-year average.

Of longer-range significance is the progress being made to create a management information system for the city's child welfare network. As components of this system become operational, our ability to plan services on a firm factual basis will be strengthened.

Our management goal of identifying children at crucial moments during their stay in foster care will be furthered by both the management information system and new child care planning procedures. Agencies will be submitting plans for each child in care 6 months; the plans are intended to highlight those services needed to effect the child's return home.

Although we are still far from the ideal model depicted in Appendix B of this report, our growing knowledge of the costs of foster care and its alternatives is already being put to use in the planning and management of child welfare services. This study is a significant step forward in the search to deal with troubled families in a more effective and humane way.

Jule M. Sugarman
Administrator
New York City Human Resources Administration

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I

Social Planning and Costs

When a mother breaks down as a result of physical ill health or mental illness, or if she deteriorates in her ability to carry out her parental tasks and becomes neglectful or physically abusive of her children, or abandons them, it is an event of unusual personal and social significance. It is a calamity for the children, particularly if the father is out of the home. They now lack what is considered to be the most elemental ingredient for normal development: maternal care.

To say that children deprived of mothers have been placed in a situation of extreme jeopardy does not overstate the case; the trauma of prolonged separation has been shown in a number of scholarly investigations to portend such damage to their evolving personalities as to leave many children strikingly impaired in their functioning.[1] The full feeling of separation anxiety and pain experienced by the children is often masked by seeming surface accommodation to the misfortune. However, those who work closely with youngsters experiencing the crisis of parental loss know well the telltale signs of panic, despair and bereavement.

A mother's failure to function as the caretaker of her children also has serious social consequences. Her offspring must be cared for under circumstances meeting commonly accepted standards of decency. Young children cannot be permitted to roam the streets fending for themselves. If there are no relatives or friends available who can provide substitute care, the task falls upon the community. Such services to children can be costly. This paper addresses itself to the cost factors involved in the provision of foster care to children in New York City at public expense. It demonstrates that the breakdown of mothers puts a sizable economic burden upon the community. Efforts at preventive intervention to forestall such breakdowns or work to restore the health of the mothers who have already succumbed may be justified on economic as well as humanitarian grounds. This is true even though such services seem to be expensive initially.

Heretofore, the cost factors entailed in replacing the labors of mothers on behalf of their children have not been available for scrutiny. Aside from a few noteworthy exceptions,[2] those involved in the provision of foster care have not undertaken to develop a picture of the costs such services engender. We note editorially that the failure to educate the community about the costliness of substitute care may well have contributed to the difficulty the child welfare field has encountered over the years in obtaining funds for preventive and restorative work with families prone to dismemberment. Going beyond simple demonstration of the high costs, however, we raise question here about a number of social-planning issues highlighted by our data that concern the delivery of service to foster children and their families.

Background

This report derives from a longitudinal study of foster children in New York City conducted by the Child Welfare Research Program at the Columbia University School of Social Work. A sample of 624 children was identified at the time of their entry into care in 1966 and a study of their condition, the attributes of their families and the nature of services delivered to them has been continuing since.[3] Data are now in the final stage of collection; overall findings will be reported subsequently.[4]

The availability of a relatively large sample of subjects in foster care about whom data were systematically gathered over a 5-year period created the possibility of providing information about cost factors not otherwise readily available. Unfortunately, the field of child welfare suffers from the same deficiency regarding the gathering of basic information about clients served as other major social service and health delivery systems throughout the nation. Simply put, the major national social service systems are in the most primitive state with respect to data-gathering and data-management capability. In the City of New York, only a rudimentary and rather superficial analysis is possible for illuminating cost factors in the delivery of foster care services to children and their families. There is no viable data-gathering effort currently in operation that permits those with administrative responsibility simply to "plug in" cost data as part of a broader array of information about children in foster care.[5] This circumstance resulted in periodic visits to our project by representatives of New York City's Bureau of the Budget who desired more factual information about cost factors with respect to child care in New York City and saw the existence of the longitudinal study as affording an opportunity to pursue this interest. After several requests, we agreed to look at costs as related to the sample of children included in our rather ambitious research effort.

Purchase of Care in New York City

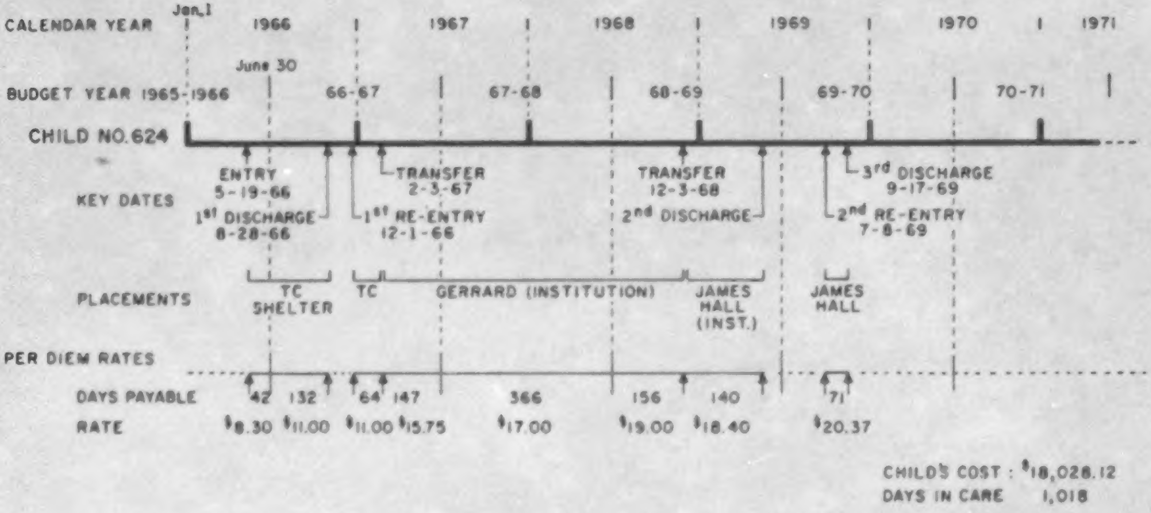
By way of background, it should be pointed out that the system of foster care prevailing in New York City involves heavy reliance upon the purchase by the public social welfare sector of child care services from private agencies. The New York City pattern is the outstanding one in the United States with respect to the degree of its reliance upon purchase of care. It is not the aim of this paper to evaluate the efficacy of this system or to deal with the philosophical controversy surrounding it. Suffice it to say that there are those who believe that massive purchase of care weakens the ability of the public sector to provide the kind of care needed by foster children, while advocates of the current division of responsibility think it offers maximum opportunity for individual agency initiative and creativity. We examine cost factors within the context of the current mode of providing foster care from the perspective of their implications for social planning and the more rational organization of social service delivery.

The fact that purchase of care was so central an element in the New York system provided a readily available device for looking at costs—the fees paid to the agencies from the New York Charitable Institutions Budget.

The Bureau of the Budget of the City of New York made available data about the rate structures agreed upon between the city and each of the cooperating private agencies offering foster care service to children for each year in the period 1966 through 1970. Already in use at the CWRP was a computerized summary of the locations of the children in the sample for the 4-year period that identified agencies caring for them and the type of placements offered. An analysis was developed so that payments made by the city from the Charitable Institutions Budget were tabulated for each child subject. Even if a child moved several times to different agency settings whose rates differed, special computer programming could determine actual fees paid and we were able to sum up the costs for all settings the child had been in during the 4-year period. A typical case, showing the variations in costs according to changes in child care agencies, type of care and budget year that had to be detected in the computer analysis, is depicted in Figure 1.

The study's approach to cost analysis is restricted to the per diem payments made by the city on a purchase of care basis and does not include costs invested by the child care agencies themselves. In the main, it is our understanding that most agencies contribute less than 5% of the total cost of care from their own funds derived from endowments, special gifts and other sources. Also excluded from the estimates are the funds invested by the City of New York in intake, allocation and continuing case supervision by the Bureau of Child Welfare of the Department of Social Services. By

FIG. 1 A DIAGRAMMATIC REPRESENTATION OF PLACEMENT PATTERN AND PER DIEM RATE CHANGES FOR A SINGLE CWRP CHILD *



* PER DIEM RATES PAYABLE FROM THE N.Y.C. CHARITABLE INSTITUTIONS BUDGET CHANGE BY BUDGET YEAR, AGENCY WITH WHICH PLACED AND TYPE OF PLACEMENT. COMPUTER COMPUTATION OF TOTAL COSTS REQUIRES COMPUTER SEARCH OF DAILY WHEREABOUTS OF A CHILD BY EACH OF THESE CRITERIA FOR THE APPROPRIATE PER DIEM RATE.

restricting the analysis to payments from the Charitable Institutions Budget, we thus tend to underestimate and provide a conservative view of the costs entailed in foster care services to children. Data relative to fees paid from the Charitable Institutions Budget, however, provide a convenient interim basis for looking at cost factors. Needless to say, when an adequate information system is developed for the child welfare system in New York City, more comprehensive approaches to cost analysis will be possible.

It should be noted that the Charitable Institutions Budget represents an expenditure undertaken jointly by the State of New York and the City of New York on an evenly shared basis. In the last few years, some federal participation has been forthcoming with respect to Title IV-A of the Social Security Act as amended and certain Medicaid payments for children placed by the Family Court who originate from AFDC supported families. The foster care system is nevertheless distinctive among the social services in its lack of significant federal financial involvement.

2

Factors Associated With Costs

Table 1 presents the overall expenditures charged to the New York City Charitable Institutions Budget for payments to private foster care agencies for child care services as expenditures have changed over the years since the longitudinal study began in 1966. The table demonstrates that during this 5-year period, the annual appropriations for payments to private foster care agencies have more than doubled. The budgetary figure projected as the appropriation for 1971-1972 exceeds $132 million. This compares with $64 million appropriated in 1965-1966. The increase reflects rises in the rates paid agencies and an increase in the number of children served.[6]

Table 2 presents the average per diem rates paid by the city during the period of the study for the various forms of foster care offered to children: institutional care, foster family care, group residence, and agency-operated boarding homes. It is clear that institutional care and group residential care are much more costly methods of providing substitute living arrangements for children than is foster family care. The cost of a month's care in an institution for a child during the recent period came to over $600, compared with about $300 for foster family care. The reader should observe that while institutional per diem rates increased 58.4% over the 5-year period covered by the data, foster family care rates increased only 32.5%.

TABLE 1

Appropriations From the New York City Charitable Institutions Budget for Payments to Private Child Care Agencies for Foster Care of New York City Children: 1965-66 to 1971-72*

Budget Year (July 1-June 30)	Appropriation	PERCENT INCREASE Preceding Year	1965-66 Base Year
1965-66	$ 64,553,520	—	—
1966-67	69,677,922	7.94	7.94
1967-68	75,410,483	8.23	16.85
1968-69	80,871,060	7.24	25.28
1969-70	99,035,315[a]	22.46	53.42
1970-71	121,334,485[b]	22.52	88.00
1971-72	132,825,953[c]	9.47	105.76

* SOURCE: Controller's Office, New York City: Appropriations shown do not include funds for the administration of the Bureau of Child Welfare, Adoption Placement and Supervision, Prevention Services of the Societies for Prevention of Cruelty to Children, or payments for New York City children in state training schools.

a. Appropriations increase in this budget year in part due to beginning of Medicaid payments to child care agencies.

b. Appropriation includes $7,800,000 increase not yet (April 1971) approved by City Council.

c. Estimated appropriation requested for 1971-72 budget year, but not yet approved. Estimate is based upon child care agency estimates of volume with current per diem rates being paid.

Cost of Caring for the Study Population

Examination of the payments from the Charitable Institutions Budget for the children who constitute the study population reveals that for the period covered by the analysis, in which each child could have been in care up to 4 years, more than $7 million was expended for foster care fees.[7] It should be observed that of the 624 children in the sample, 407 had been discharged from foster care by the end of 4 years from the date of their entry into care. As shown in Table 3, caring for these children entailed $3,567,672 in fee payments, with the average cost per child calculated as $8766. The children who were still in care at the end of their fourth anniversary date numbered 217, almost half the number of those who had

TABLE 2

Average Per Diem Rates Paid From New York City Charitable Institutions Budget for Purchase of Foster Care From Voluntary Child Care Agencies: Averages by Year and Type of Care

Type of Foster Care	BUDGET YEAR									
	1965-1966		1966-1967		1967-1968		1968-1969		1969-1970	
	*N**		*N*		*N*		*N*		*N*	
Institutional care	50	13.18	50	14.36	50	16.20	50	18.82	50	20.88
Foster family care	33	7.61	36	7.98	42	8.87	43	9.73	43	10.08
Group residence	14	15.85	14	16.02	17	17.40	24	18.89	28	20.52
Agency operated boarding home	5	11.80	7	12.42	9	12.80	9	13.98	10	15.09

* The number given indicates the number of agencies providing the type of service specified and is not an unduplicated count, since the same agency often provides two or more of the services listed.

SOURCE: "Interim per diem reimbursement rate" schedules, Bureau of the Budget, Office of the Mayor, City of New York

been discharged. Caring for these children required an expenditure of $3,636,321. Thus, even though children who are apparently "locked in" to permanent careers as foster children represent a much smaller proportion of the study subjects, by the end of the fourth year they had required a greater expenditure in funds than the discharged children, who outnumber them almost two to one.

Table 3 provides a picture of the payments expended for family units, as distinct from individual children, since the study sample specifications were such that no more than two children in each family were included in the sample. To develop a truer picture of the costs entailed when a mother breaks down, it would be necessary to include in the analysis the payments charged to the Charitable Institutions Budget for all of her children—nonstudy subjects as well as study subjects—receiving foster care service. When the data for all of the placed children in the 467 families who constitute the study sample are presented, the expenditure from the Charitable Institutions Budget for the 4-year period is calculated as \$11,771,915.[8] As in the previous analysis, the families whose children remained in care at the end of 4 years represented a greater expenditure than those where the children were discharged, even though the former were only about a third of the original study sample. The average cost per family among the discharged cases was \$18,651, as contrasted with \$37,669 for those remaining in care. It is palpable that the fact of children remaining in care represents a substantial obligation of community funds.

It should be pointed out that the calculation of the costs of care for each child in the CWRP sample included the costs of providing temporary

TABLE 3

Cost to the New York City Charitable Institutions Budget for a 4-year Period for the Child Welfare Research Program Study Children and Their Families*

Children[a]	
Total (N = 624)	\$ 7,203,993
Discharged cases (N = 407) average child (\$8,766)	3,567,672
Remaining in care (N = 217) average child (\$16,757)	3,636,321
Families[b]	
Total (N = 467)	\$11,771,915
Discharged cases (N = 306) average family (\$18,651)	5,707,206
Remaining in care (N = 161) average family (\$37,669)	6,064,709

* Figures were computed for a full 4-year period following each child's date of entry into foster care.

a. Figures are actual sums paid for all 624 children in the CWRP sample.

b. Figures are inclusive for all children in the CWRP child's family who were placed, but computation for nonsample children was based on the average per diem paid for the oldest CWRP sample child.

foster care at the three public shelters financed through the New York City Department of Social Services' own budget—Children's Center, Callagy Hall and Callagy Hall Annex. The cost of temporary care at these shelters, through which a substantial proportion of the CWRP children entered care, was thus in addition to that chargeable to the New York City Charitable Institutions Budget. Per diem rates at these public shelters were generally higher than those paid to the private agencies, in part due to higher labor costs negotiated in labor contracts and drastically lowered populations during renovations. In 1970, for example, the maximum payable per diem rate for private agencies was $26, while the shelter costs were $41.61 at Children's Center and $51.89 at Callagy Hall.

Table 4 provides average costs by size of family units for the 4-year period covered by the CWRP study for both discharged cases and cases remaining in care. The table shows that costs tend to be incrementally higher with increases in the number of children in the family. Although such information is hardly startling and is commonsensible, its presentation is warranted because case planning in foster care often does not assign higher priority for investments in restorative efforts to large family units

TABLE 4

Average Cost to the New York City
Charitable Institutions Budget for Foster Care of Each
CWRP Family for the 4-Year Period, 1966-1970:
By Size of Family*

Family Size	ALL CWRP FAMILIES		DISCHARGED CASES		IN-CARE CASES	
	N	Average Cost	N	Average Cost	N	Average Cost
One child	119	$ 10,234	79	$ 7,518	40	$ 15,596
Two children	105	26,166	69	22,182	36	33,801
Three	81	37,144	49	29,049	32	49,538
Four	60	46,474	39	36,309	21	65,351
Five	43	61,419	28	47,218	15	87,742
Six	26	65,676	18	57,044	8	85,098
Seven	18	86,298	15	82,548	3	105,047
Eight	10	117,715	6	78,553	4	176,458
Nine or more	4	142,979	1	101,115	3	156,933

* Cost projections by family were made by multiplying number of children in family by the 4-year cost of the oldest CWRP study subject.

whose costs are magnified. A single disturbed child can often be the recipient of the most expensive and skilled services an agency has to offer, while a family of six children can go begging for professional social services. This comparative inattention can prevail even though the cost for 4 years of care for a large family goes well over $100,000.

Table 5 shows the average 4-year costs per CWRP child remaining in care according to the ages of the children when they entered the system. Costs tend to rise with age, reflecting the greater tendency to use institutional care for older children. Thus, cost of care of the older children is almost double that of the younger over a 4-year period.

TABLE 5

Average Cost to the New York City
Charitable Institutions Budget for Foster Care
of a CWRP Child Remaining in Care
For the 4-Year Period, 1966-1970:
by Age of Child Upon Entry Into Care[a]

Child's Age at Entry Into Foster Care	N	Average Cost: 4-Year Period (1966 - 1970)
TOTAL	161[b]	$16,457
Under 1 year	48	$13,255
1 year	14	12,871
2 years	11	14,924
3 years	11	13,433
4 years	6	16,009
5 years	8	14,579
6 years	7	17,795
7 years	15	19,131
8 years	11	20,945
9 years	8	20,628
10 years	10	20,854
11 years	6	22,242
12 years	6	26,069

a. Cost is based only on the per diem rates paid by New York City from its Charitable Institutions Budget. Not included are the administrative costs of the city's Bureau of Child Welfare or the costs covered directly by the voluntary child care agency from its own funds.

b. Average cost is computed only for the older of the two children assigned to the CWRP study sample from a given family.

Table 6 shows the pattern of costs for discharged and in-care cases for the 4-year period of the CWRP study by the type of placement provided a child. Care in a residential treatment center is by far the most expensive form of

TABLE 6

Average Cost to the New York City
Charitable Institutions Budget for Foster Care Per Child
for the 4-Year Period, 1966-1970:
By Type of Placement for Both Discharged Cases
and Those Remaining in Care*

Type of Placement	DISCHARGED CASES		CASES REMAINING IN CARE		TOTAL	
	N	Average Cost	N	Average Cost	N	Average Cost
	304	$ 9,444	162	$16,457	466	$11,882
Residential treatment center	30	21,820	5	23,700	35	22,089
Institutional care	159	10,159	39	23,463	198	12,779
Institution to foster home during 3rd year	2	10,266	10	18,828	12	17,400
Institution to foster home during 2nd year	4	12,152	11	15,312	15	14,469
Institution to foster home during 1st year	30	7,556	44	13,968	74	11,368
Foster home	79	3,864	53	12,475	132	7,321

* Cost per child by type of placement was computed only for one CWRP child, the oldest, in each family.

care. The average cost for all the children in such care was $22,089. Institutional care costs were somewhat less and foster family care, averaging $7321, was the least expensive form of care. As might be expected, discharged children accounted for appreciably lower costs than those still in care.

Reason for Placement

One way of looking at the foster care system is to view it as a consequence of a variety of social problems, *e.g.*, mental or physical illness of mothers,

TABLE 7

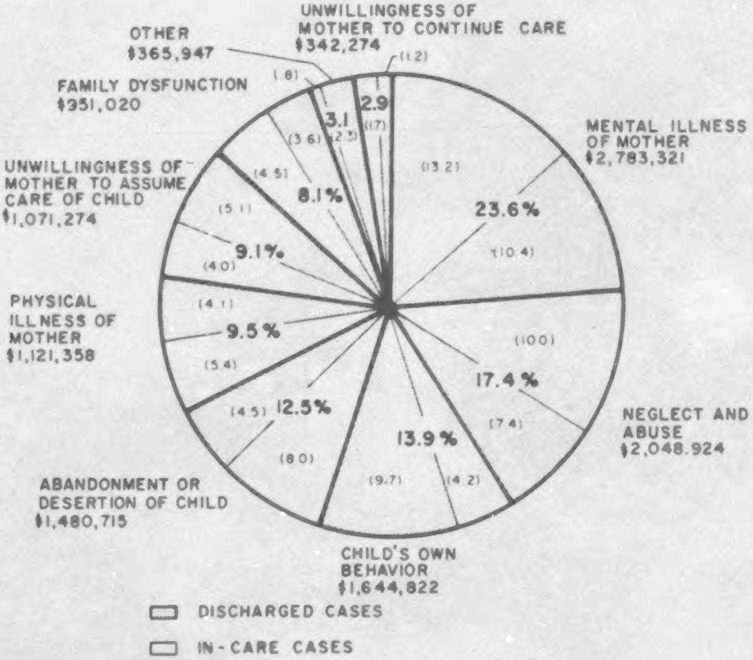
Average Cost to the New York City
Charitable Institutions Budget for Foster Care
Per CWRP Family for the 4-Year Period, 1966-1970:
by Reason for Placement

Reason for Placement	DISCHARGED CASES		CASES REMAINING IN CARE	
	N	Average Cost per Family	N	Average Cost per Family
	306	$18,651	162	$37,669
Mental illness of mother	61	$20,097	34	$45,806
Child's own behavior	54	21,173	12	41,790
Physical illness of mother	31	15,723	15	42,263
Unwillingness to continue care	37	3,802	15	13,440
Unwillingness to assume care	30	20,123	16	29,224
Neglect, abuse	38	22,925	26	45,299
Abandonment, desertion	25	21,573	23	40,930
Family dysfunction	24	17,642	17	31,036
Other	5	54,479	4	23,388

the breakdown of families, and so forth. Thus, one could allocate the costs entailed in foster care to the social problems that have created the need for the child's placement. Table 7 presents average 4-year costs by families for discharged and in-care cases according to the primary reason for placement. Highest costs for families with children remaining in care are linked to mental illness of the mother, behavior of the child, neglect and abuse of the child, physical illness of the mother, and abandonment. The cost of care for such families averaged over $40,000 per family. For cases involving children discharged from care, the average cost for five reason-for-placement categories was close to $20,000.

Figure 2 provides a pictorial view of how reason for placement is related to cost of care. Mental illness of the mother accounts for 23.6%

FIG. 2 SUMS PAYABLE FROM N.Y.C. CHARITABLE INSTITUTIONS BUDGET FOR 4 YEARS OF FOSTER CARE FOR 467 CWRP FAMILIES: BY REASON FOR PLACEMENT.



of the cases, at a cost of $2,783,321. Neglect and abuse accounts for 17.4% of the cases, at a cost of $2,048,924. The behavior of the child and abandonment together account for 26% of the cases, with a cost of over $3 million during the 4 years of the study.

Social Characteristics of the Families

Table 8 provides a breakdown of costs for discharged children and those remaining in care, by selected characteristics. Families who had a history of never having received public assistance entailed higher average costs

TABLE 8

Average Cost to the New York City
Charitable Institutions Budget for Foster Care
Per CWRP Family for the 4-Year Period, 1966-1970:
by Selected Characteristics

Selected Characteristics	DISCHARGED CASES		IN-CARE CASES	
	N	Average Cost	N	Average Cost
History of welfare				
Previously on welfare	149	$17,593	73	$35,898
Never on welfare	105	20,504	61	40,607
Welfare status at entry				
On welfare	94	19,749	55	42,122
Not on welfare	211	18,251	107	35,379
Socioeconomic status				
Lowest	69	23,609	44	47,960
Middle	82	20,140	60	37,062
Higher	154	15,759	58	30,489
Administrative agency				
Family Court	61	29,220	28	48,573
Bureau of Child Welfare	244	16,086	134	35,390
Ethnic-Religion				
Puerto Rican	72	24,115	40	52,179
Black Protestant	88	21,078	55	38,795
Black Catholic	36	15,474	29	29,816
Other White	86	13,073	34	23,564
Jewish	23	18,908	4	53,893

with respect to payments for foster care for both discharged children and those still in care. However, with respect to current welfare status, higher costs are incurred for families of children still in care at the end of 4 years for those families receiving public assistance, as contrasted with those not receiving such help. The linkage between family economic dependency and the cost for foster care may suggest service inputs required from the public assistance system that are not now available to families.

Examination of the relationship to cost of the socioeconomic status of the families on a scale specifically designed to measure the status of poorer families[10] reveals that the more impoverished families account for greater expenditures. Thus, the families with the lowest status average $47,960 for children still in care, compared with an average cost of $30,489 for those families with higher status. The finding is explained by the fact that in the sample there is a significant correlation between socioeconomic status and the number of children in a family—the poorer families tended to have more children.

Court cases involved higher average family costs than did those in which the children entered the system through the Bureau of Child Welfare. For children still in care, the average 4 years of payments for court cases was $48,573, compared with $35,390 for BCW cases.

Determination of average costs per family by ethnicity reveals that Puerto Rican families are among the costliest for both discharged cases and those where the children are still in care.[11] Jewish children are the most costly when calculated on an individual child basis. This is a function of their tending to receive the most expensive form of care—residential treatment.

3

Projecting Costs

Table 9 projects costs for children still in care at the end of 4 years on the assumption that they will remain wards of the system until they are 18 years old. Data were calculated on the basis of the average per diem cost for each child covering the first 4 years, with a compounded 5% increase in yearly costs until age 18. Although this approach to projecting costs is arbitrary, experience appears to support the assumption that costs will be rising. *For the 217 CWRP subjects remaining in care, the total cost of their placement experience until maturity will be almost $15 million dollars, if all remain in care.* The average cost per child for full tenure in care was calculated as $68,701.

Examination of costs on a family basis, including siblings who entered care but were not included in the study sample, shows that *for 161 families where the children were still in care, the costs of keeping them in foster care until they achieve majority will come to $23,652,027.* The average projected cost per family was calculated as $146,907. *When costs are added for families whose children were discharged from care during the 4-year period, the total cost of foster care payments for the sample of families can be projected at $29,359,233.*

Figure 3 provides a pictorial view of the cost picture for the full sample of 467 families. Over $36 million was saved by the return of children to their own homes in 283 families, and $1,389,545 was saved by virtue of 23 children being adopted. Figure 3 makes graphically clear that return home and adoption—in addition to being desirable on humane grounds—are

TABLE 9

Projected Costs to Age 18 Payable From the New York City Charitable Institutions Budget for CWRP Child and All Placed Siblings in Family: For Children Remaining in Care After 4-Years

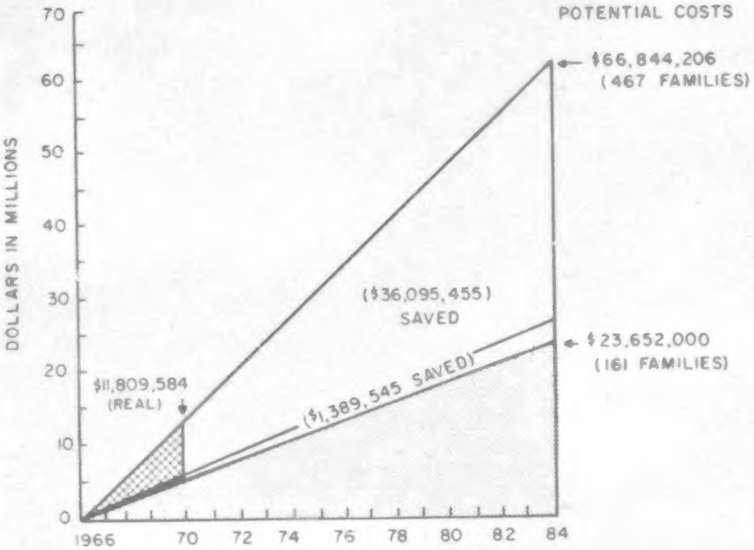
Children	
CWRP sample children (N = 217) . . . . average child ($68,701)	$14,908,050
Families	
CWRP families (N = 161) . . . . average family ($146,907)	$23,652,027
Total projected cost of CWRP study children and families (including actual cost of families discharged)	$29,359,233

categories of outcome in the foster care system that have substantial monetary payoffs. Program planners for the social services can only be delighted with a change of status that not only is presumably good for children, but saves money at the same time!

By the method previously described, costs for families of children still in care were projected up to the 18th birthdays of the children and average costs were analyzed by reason for placement. The highest average cost was identified for children of 34 mentally ill mothers; the average family cost for this group was calculated as $184,133. For 23 families where the children had been abandoned, the average cost was projected as $180,098. There were 26 neglect or abuse cases, with the average cost set at $175,016.

Table 11 presents projected costs for families of children still in care, averaging the costs according to selected characteristics. The family court cases are considerably more expensive than those that originated in the Bureau of Child Welfare; the average is about $35,000 higher for court cases. This difference in cost was in part due to the fact that higher proportions of the court cases than the Bureau of Child Welfare cases among the study children were older and from minority groups. Since the older children tended to be placed in institutional settings, where per diem rates are higher compared with foster family placements, and the minority group families were somewhat larger, calculation of cost projections based on these two primary factors tend to explain the higher cost per court family.

FIG. 3 POTENTIAL & REAL COSTS FOR FOSTER CARE FOR 467 CWRP FAMILIES TO CHILDREN'S MATURITY: AMOUNTS SAVED BY DISCHARGED AND ADOPTION*



▨ DISCHARGED CASES (283 FAMILIES)

■ ADOPTED CASES (23 FAMILIES)

□ IN-CARE CASES (161 FAMILIES)

* COST OF PAYMENTS TO PRIVATE CHILD CARE AGENCIES FROM NYC CHARITABLE INSTITUTIONS BUDGET.

With respect to ethnicity, the Puerto Rican families are predicted to be most costly, followed by black Protestant families. This finding is mainly explained by the greater average size of the families of these two groups. Families who fell into the lowest third on the scale measuring socioeconomic status had the most costly projections. This, too, is related to the large family size of these units.

Figure 4 presents cost projections for foster care, standardizing the information on a base of 100 families. It was estimated that, for the

TABLE 10

Average Cost Payable From New York City Charitable Institutions Budget for Foster Care Projected for All Children in the Family in Placement and Remaining in Care Until Age 18: By Reason for Placement

Reason for Placement	Number	Average Cost Per Family
	162	$146,000
Mental illness of mother	34	$184,133
Child's own behavior	12	119,208
Physical illness of mother	15	120,009
Unwillingness to continue care	15	79,121
Unwillingness to assume care	16	104,719
Neglect, abuse	26	175,016
Abandonment, desertion	23	180,098
Family dysfunction	17	136,564
Other	4	71,073

period 1966-1970, 100 families with children in care would cost $14.6 million in payments, whereas those who were discharged during the 4-year period would cost only $2 million dollars, while children who were adopted would cost only $500,000.[12]

Savings Through Discharge and Adoption

In Table 12, costs are estimated on a yearly care basis of a child entering the foster care system during 1971, based upon the average per diem rates prevailing for this year and projecting ahead on the basis of anticipated annual 5% increments. *By this procedure, it is estimated that $122,500 is the cost entailed in providing foster care for an infant child who comes into the system in 1971 and stays in care for the full 18 years of childhood.* This is a startling figure and, as far as we know, is the first estimate available of what costs could accumulate when an adoptive home is not found for an infant eligible for adoption. This contrasts with a recent estimate, calculated for families in the general population, that the 18-year cost of rearing a

TABLE 11

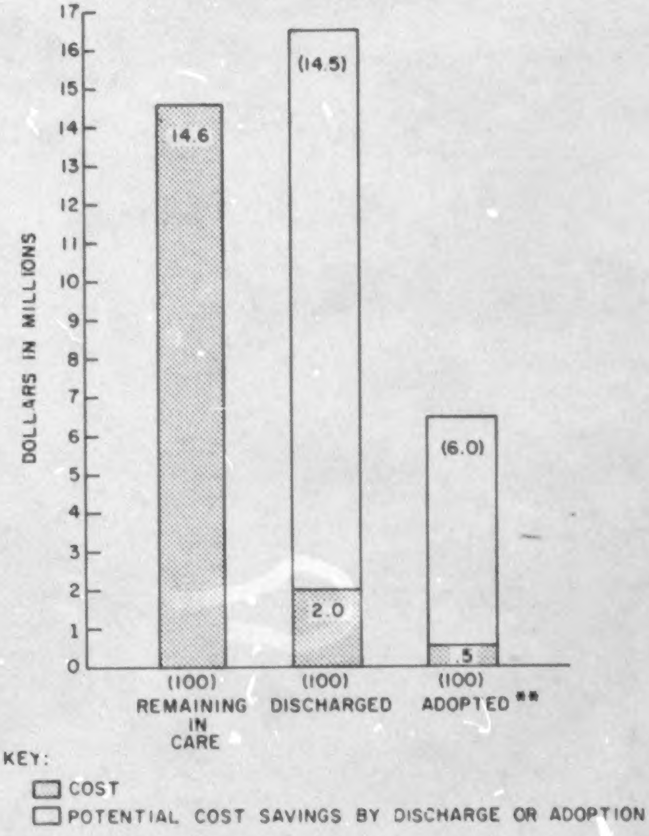
Average Cost Payable From New York City Charitable Institutions Budget for Foster Care Projected for All Children in the Family in Placement and Remaining in Care Until Age 18: By Selected Characteristics

Selected Characteristics	Number of Families	Average Cost per Family
Administrative Agency		
Family Court case	28	$174,847
BCW case	134	139,972
Ethnic-Religion		
Puerto Rican families	40	191,576
Black Protestant families	55	163,223
Black Catholic families	29	117,068
Other white families	34	91,613
Jewish families	4	125,476
Socioeconomic Status		
Lowest	44	185,995
Middle	60	146,838
Higher	58	114,793
Previous Welfare Status		
Previous welfare case	73	133,152
Never on welfare	61	160,965
Welfare Status at Entry		
Welfare case	55	167,323
Nonwelfare case	107	135,040

child for an urban family with two children in the North Central region is $25,560, based upon a low-cost estimate.[13] *Thus, the cost of foster care appears to be about five times the expense a family on a low-cost budget would incur in rearing its own child.*

With respect to adoption, for example, the analysis identified 23 children in the sample who were adopted. The average cost per adopted child while in care was $5,486 and the cost for the group was $123,178. If these 23 children had remained in care until they were 18, the average projected cost per child would have been $65,901 and the total for the group, $1,515,723. Thus, the average amount saved by adoption could be $60,415 for each child and for the total group, $1,389,545.

FIG. 4 COST PROJECTIONS FOR FOSTER CARE PAYABLE FROM N.Y.C. CHARITABLE INSTITUTIONS BUDGET PER 100 FAMILIES WITH CHILDREN IN CARE TO MATURITY: BY TYPE OF OUTCOME*



*COST PROJECTIONS BASED UPON TYPICAL FAMILY COSTS AND OUTCOMES OBTAINED FROM CHILD WELFARE RESEARCH PROGRAM'S LONGITUDINAL STUDY OF 624 FOSTER CHILDREN, 1966-1970.

**AMOUNT SAVED BY ADOPTION IS LESS THAN BY DISCHARGE, DUE PRIMARILY TO DIFFERENCES IN SIZE OF FAMILIES AND COST PROJECTIONS BASED ON FOSTER HOME RATES RATHER THAN INSTITUTIONAL RATES.

TABLE 12

Typical Yearly Cost Payable From New York City Charitable Institutions Budget for Foster Care of a Child: Projected From Present Average per Diem With Annual 5% Increments[a]

COST PER YEAR[b]		CUMULATIVE COST PER CHILD TO MATURITY	
Year	Cost	Child's Present Age	Cumulative Cost (Present to Age 18)
1971	$4,354	17	$ 4,354
1972	4,571	16	8,925
1973	4,800	15	13,725
1974	5,040	14	18,765
1975	5,292	13	24,057
1976	5,557	12	29,614
1977	5,834	11	35,448
1978	6,126	10	41,574
1979	6,432	9	48,007
1980	6,754	8	54,761
1981	7,092	7	61,852
1982	7,447	6	69,299
1983	7,818	5	77,117
1984	8,209	4	85,327
1985	8,620	3	93,947
1986	9,051	2	102,998
1978	9,514	1	112,511
1988	9,989	Under 1	122,500

a. The annual increments each year between 1966 and 1970 have averaged 12.22% for institutional care and 7.32% for foster family care.

b. Cost is based only on the per diem rates paid by New York City from its Charitable Institutions Budget. Not included are the administrative costs of the city's Bureau of Child Welfare or the costs covered directly by the voluntary child care agency from its own funds.

Looking at this phenomenon, we might ask: How about those children who were adoptable, but not adopted? Analysis of all infants and toddlers in the initial CWRP sample remaining in care for a full 4 years—and apparently locked into the system—revealed that 17 children out of 33 (51.5%) were likely candidates for adoption. Five of the 17 had already been surrendered and the others were clearly designated for potential adoption, but no action was taken to achieve abrogation of parental rights or voluntary relinquish-

TABLE 13

Selected Cost Figures for Foster Care of 23 CWRP Study Subjects Who Were Adopted, With Projected Amount Saved by Adoption

Children and Time Period	Amount Paid for Foster Care[a]	Amount Saved by Adoption
Per child (averages)		
Foster care placement until adopted	$ 5,486	
Projected from placement to child's maturity (age 18)	65,901	$ 60,415
Twenty-three CWRP subjects adopted		
Foster care placement until adopted	123,178	
Projected from placement to maturity (age 18)	1,515,723	1,389,545

a. Cost given includes only the amount paid from the New York City Charitable Institutions Budget to voluntary child care agencies for daily foster care services; not included are administrative costs of the Bureau of Child Welfare for intake and ongoing supervision or adoption proceedings.

ment because adoptive homes for them had not been located. It should be noted that these remaining potential adoptees represent one out of five infants in the sample, clearly indicating that in the foster care population at large, they represent a substantial group.[14]

If these 17 children who were infants at the time they entered care remain foster children until they are 18 years, the total estimated cost of their care is $1,357,433. To date, they have already cost $255,335 for 4 years of care. Thus, if these children were placed in adoptive homes in the immediate future—by special campaigns undertaken on their behalf—up to $1,132,098 could be saved for just these 17 children, or $66,594 per child.

One might contemplate the economic feasibility of assigning small caseloads to social workers who would undertake to develop imaginative programs for recruiting adoptive families. With the potential savings identified, it might be viewed as economical to assign a caseload of only five children to a home finder, since success in finding a suitable adoptive family for only one child would more than compensate for the worker's annual salary. Similarly, one could also justify expenditures by foster care agencies in contracting with commercial advertising outlets to introduce the children to the public more imaginatively through TV commercials, placards on subway cars, posters in retail stores, and so forth, even though the costs might be more than agencies are accustomed to expending.

The same justification can be made for activities designed to assist the return of children to their own homes, even though substantial funds not now being expended must be invested in social services and other kinds of supports for the maintenance of the families.

Among the 161 families with children remaining in foster care, at least four families seem destined ultimately to cost the community over $500,000 in fees from the Charitable Institutions Budget for each family. We were astonished to learn that a single mother's breakdown could have such costly consequences. The four families taken together will require 335 cumulative years of foster care services costing an estimated $2,508,028—providing no additional children are born and enter foster care. These families ranged in size from five to eight children. Foster care was necessary in two cases because of the mother's mental illness, in another because the parents abandoned the children, and in the fourth case because of the children's behavior problems.

Brief descriptions of these cases are presented in Appendix A. It portrays the overall circumstances facing each family and the factors that appear to mitigate against the children's returning home. The case presentations are given as a way of supplementing the information provided by the statistical analyses. The reader might wish to consider whether each case, as described, reveals opportunities for corrective actions to forestall lengthy careers in foster care for the children.

4

Child Welfare — An Irrational System?

Our experience in examining the costs of foster care, although restricted to payments to agencies from the New York City Charitable Institutions Budget, has stimulated us to ponder the child welfare system as it is currently operating in New York City. We believe our observations have relevance for the rest of the country. Having observed the operations of the system rather closely through the course of a 5-year longitudinal study of over 600 foster children, we are impressed with a number of apparently irrational elements in the system. We would characterize the foster care system as being isolated from other systems serving social and health needs. We also view the delivery of foster care services as being less than optimally organized and almost impossible to manage soundly because of both the lack of an information base for planning—whether it be for an individual case or large groups of children—and the historical policy of allocating funds primarily for daily care rather than prevention or family rehabilitation. These dysfunctions of the foster care system are partly due to the historical development of foster care in the city, but the parties involved in the system—the state and city legislative units that underwrite the costs and the public and private operating agencies that deliver services to the children—are also responsible for failure over several decades to move in new directions.

As a case in point, none of the parties in the delivery of foster care services has summarized and evaluated experience in financing foster care needed when families can no longer care for their children—nor are the parties required to do so by legislative fiat or administrative code. Despite the fact that commitments of funds can accumulate to over $500,000 for a single family's experience in foster care, such a determination is not made and consequently never shared with the public. Those active in setting program policy in this field have not promulgated cost data on a case-by-case basis even though such information can have important implications for the way in which child welfare services for children in foster care can be made more rational and accountable in the 1970s.

The Fixed Pattern of Costs

That funds can more easily be spent on substitute care arrangements than for the restoration of families is probably the most irrational aspect of the foster care system. Even if the administrators of the system were to be able to predict early in the placement careers of children the large sums that will eventually be required, it would be to no avail. There is little flexibility in the current pattern of social service delivery that would permit deflection of money provided by the Charitable Institutions Budget for services required to correct family breakdown. This indictment of current arrangements has been repeatedly made by others with no success in modifying the system. A recent note of discouraged concern about distortions in the system was voiced by the Citizen's Committee for Children in New York:

> Efforts in New York City in recent years to expand the goal of "child welfare" to include prevention of the need for placement have been half-hearted, small-scale and ineffective. The situation will not be remedied unless a fundamental defect is faced: An organization built around the process of child placement cannot create programs and policies that emphasize promoting the welfare of children while they live at home in their communities. . . . Public funds must be spent efficiently and assigned to tasks consistent with overall public goals. . . . Thus, we seek a system of services incorporating many components that in the past have not been related to one another adequately, if at all. Thus, we propose that the basic social service system be organized around the mission of helping families do their job and cope with emergencies. The primary goal is to help families, not to find substitute care for children.[15]

Alfred Kahn has repeatedly pointed up the negative consequences of the emphasis upon foster care as a way of resolving family breakdown.

> It means little to develop qualified foster home placement or residential treatment centers in communities which lack basic assistance programs and the related family casework or child welfare services to children in their own homes. The evaluation of the need for institutionalization, foster care, or treatment is of necessity truncated unless community provision includes financial and medical aid as needed, counseling

> services of a voluntary and protective kind, and "developmental" resources already alluded to. Otherwise, poverty leads to placement, via a well-marked pathway, and the child, by the time he reaches foster care, is often disturbed. Child care planning, in short, cannot be carried out in a health and social service vacuum.[16]

An analysis of New York City's foster care system by the Ad Hoc Committee on Foster Care of Children of the New York State Board of Welfare affords another recent commentary on the situation:

> The most serious deficiency in the New York City system of children's services is the low priority given to early identification of children in jeopardy or potential jeopardy and the failure to develop helping services for them and their families before serious and sometimes irreversible tragedies occur. In many instances, no community agency intervenes on behalf of a child whose parents are not giving him adequate care until some dire emergency arises. This delay and failure to provide timely services in his own home often call for emergency removal and may result in permanent foster care. . . . Very few foster care agencies are providing services to families on behalf of children where the question of utilization of foster care is not paramount. With a heavy absorption of resources in the foster care effort, there is little likelihood of major movement in the direction of work with families to help them care for their own children without an investment of public funds for this purpose. Such encouragement is essential.[17]

Supportive services for forestalling foster care placement or reestablishing families soon after parental breakdown have not received public funding support on a level that approximates what is required. Evidently, humanitarian considerations alone have not been sufficient to stir those who formulate the budgets for these service programs. It is our hope that the demonstration of the costliness of the failure to rebuild family units—which can run into millions of dollars for a handful of families—will elicit additional support from those who have heretofore been opposed to supporting preventive services on the assumption they were protecting the public treasury from the excessive benevolence of humanitarian social workers.

Specification of Tasks

One approach to making the system more rational is to identify children in an overall caseload who could be returned home or who could be adopted within the framework of probabilistic estimates of success based upon experience in treating cases with a similar array of factors. Rather than dispersing the manpower and other resources of an agency on an even-handed basis for all children and families in a caseload, it is more effective to mobilize special efforts for those cases where remedial intervention is likely to result in a beneficial change of status. Too often, effectiveness measures are applied to total caseloads replete with situations where no known social service technology can alter the pernicious circumstances of a family. Under ideal conditions, forecasting positive outcomes related to specified inputs of required services would be based upon a data bank available for summarizing experience with clients of the system. Parenthetically, no child welfare system in the United States that we know of has yet promulgated an adequate data management system for this purpose, although a number of beginning efforts are under way.

Even if computerized information is not available, it is possible to use more primitive methods for scanning caseloads to identify cases that have the maximum likelihood for positive change. On the basis of cost projections such as are presented here, such cases might well be assigned services at appropriate times and in sufficient quantity to overcome the forces contributing to the breakup of the family. The system of social service delivery should be redesigned so that agencies receive contracts from the public agency operating under the Charitable Institutions Budget to pursue prescribed courses of action on behalf of families. This might, for example, involve a contract to develop a comprehensive plan to rehouse a family and provide counseling support for a specified time. Another type of contract might specify a prescribed period of homemaker service and medical services required by mothers who have broken down because of physical illness. Such contractual arrangements, although sometimes costly, can be justified on the basis that the interventions may result in considerable savings for the Charitable Institutions Budget after the initial expenditure. Fixing responsibility for restorative work through contractual arrangements makes possible a degree of accountability not yet developed in the system. Under current arrangements, agencies are mainly asked to take responsibility for providing foster care to the children, while other services for building families are ancillary or the responsibility of a separate social agency, if given at all. The contractual arrangement can become a device for moving the system toward optimal achievement of the goal of rebuilding families whose children are in foster care. The contract should allow the system to "zero in" on families with maximum potential for restoration.

Implications for Managerial Functions

Since about $133 million will be spent from the New York City Charitable Institutions Budget for the foster care of children during the year 1971-72, this system must be seen as one of the major social service delivery enterprises for which public funds are being obligated in New York City. Having had an opportunity to observe the foster care system from the perspective of a 5-year longitudinal investigation, and having had the experience of looking closely at cost factors, we believe that—because of the lack of adequate data collection and management—those who run the system are not fully aware that in the early years of experience with a family over $500,000 might be assumed as an obligation because of a parent's breakdown. We are not aware of any mechanism by which such cases are identified, recognized for their costly potential, and a course of corrective action charted based upon knowledge of the massive financial obligation being assumed.

It is our impression that too many children slip into long-term foster care careers and their status becomes frozen through default rather than through a consciously arrived decision that alternatives to placement are not feasible. We feel particularly uneasy about these long-term commitments because, in the initial phase of entrance into care, a great many cases are being handled by relatively inexperienced and untrained workers. In this longitudinal study, it was found that only 17% of the workers in both public and private agencies dealing with the CWRP children and their families early in the placement experience had Master's degrees in social work, and most of these were working in residential treatment settings for emotionally disturbed children. Further, as the movement of children out of care was monitored, there emerged a significant finding that links the lack of experience in workers to the tendency to keep children in the system, rather than help unite them with their families.[19]

The Data Base for Administration

It can be seen that we place high value upon providing maximum information to administrators of large social service delivery programs. Emphasis upon cost data reflects only one part of a spectrum of information that we think is required for a system to be rationally managed. Although we are researchers and place great store in systematic investigatory work as the major approach to professional knowledge building, our urgent plea for data gathering stems as much from concern with efficacious management of human resources as with scholarship per se. Rational administrative decision making about individual cases requires a data base that summarizes experiences of programs with a variety of types of clients. Practice wisdom without data leaves the administrator poorly equipped to carry out administrative tasks.

In Appendix B, we allow ourselves to fantasy about a management information system in child welfare in which are generated messages to the public agency administrator that guide him in case scanning and case planning. The material reflects a notion of what a "more rational world" in child welfare might look like.

Agency and System Boundaries

One problem severely hampering the ability of agencies to mobilize resources to remedy the problems of families of children in care derives from the manner in which services are organized. In New York City, there are more than 70 agencies contracting with the city for foster care services to children. Each agency's repertory of resources for going beyond foster care as the primary service delivered is severely limited. Yet by its very nature, service to families must be comprehensive and varied, so that a range of interventions is possible according to the problems besetting a given family unit.

A discouraging aspect of the current system is the inability of agencies to pool their services on behalf of children and families. This condition was made clear at the start of the longitudinal study of foster children in 1966. The Child Welfare Research Program conducted a field interview survey of executives of 58 child caring agencies in New York. The survey revealed that agencies were moving in the direction of becoming multiservice in their programs, with each agency seeking to be so diversified that it did not have to depend on the services of outside agencies.[19] The situation is a familiar one in many cities and has been well described by Rein:

> The problem of access must be seen not only in terms of the desire for citizens to secure services but also in terms of the need of agencies to secure social services on behalf of their clientele, especially those who are victims and deviates. Community agencies that service an unwanted or unpopular population meet the problem of access when they try to secure for them the services they need. Such agencies find that in order to carry out their mission, they require the cooperation of other community agencies. . . . The agency may start first by referring its clientele to other community agencies; but if the referral process fails, it may find itself impelled to undertake these tasks in its own operation.[20]

One of the problems of reducing the enormous costs entailed when children are trapped in extended careers in foster care is that corrective solutions lie outside of the capability of the service delivery system provided by the foster care agencies. Observers have commented that the child welfare system is the legatee of the failures of other health and social service delivery systems. In the longitudinal study, for example, it was found that Puerto Rican mothers who have been unable to care for their own children because they became mentally ill do not apparently recover at the same rate as other parents, and therefore their children tend to remain in permanent care. Similarly, it was found that there is markedly less success in returning black children in the sample to their own homes if their mothers became incapacitated due to physical illness, as contrasted with white and with Puerto Rican mothers.[21]

The high cost of prolonged foster care and the fact that solutions of problems besetting broken families seem to lie outside the capability of foster care agencies suggest the need for new kinds of collaboration across systems. It is in the interest of the community that the provision of foster care be organized in such a way that other systems are alerted to the consequences of their failure to restore parents to more adequate functioning. It particularly does not make sense for the various health and social service systems dependent upon support from the *same* city and state sources for their funds to exist as if they live in completely unrelated worlds. As a start, we suggest that in assignment of caseloads, time be allowed for child welfare workers to become advocates on behalf of parents being served by other systems.

The other deliverers of service, such as mental hospitals, general hospitals and family agencies, should be made aware of the strong interest of the community in guaranteeing that maximum effort be undertaken to restore parents to a state where they can take care of their own children. Such efforts might take the form of assigning child welfare paraprofessionals to visit mothers in mental hospitals or general hospitals regularly, so that the health systems become aware of outside interest in the condition of their patients. This procedure would also provide continuous feedback to the agencies about what is happening to the parents. Advocacy could also involve having professional social workers regularly request reports from or conferences with the health delivery organization.

Human Orientations and Cost Consciousness

Some readers might regard support for increased cost consciousness in child welfare as reflecting a "businesslike" approach at the expense of the human needs of children. We reject the view that failure to look at costs constitutes a more humane orientation. It is clear that children are being inadequately served in the present system because funds are not now being made available for the purpose of restoring families to a level of functioning that would enable them to reassume responsibility for their own children. More often than not, the recovery of families—when it occurs—reflects a self-restitutive process rather than the corrective effort of health and welfare systems. Certainly little pressure is exerted by foster care agencies on service delivery systems offering care to parents; the agencies have not been given the wherewithal to do such a job. What is important here is to point up the usefulness of clearly informing the community at large about the sizable sums of money being spent for foster care services. We believe that if it can be demonstrated to the community that it is not only inhumane to be niggardly about providing services to families, but unbusinesslike, more money for services to families will be forthcoming. This hope may rest upon utopian misconceptions about what it takes to obtain social service funds from reluctant legislators faced with staggering state deficits. Minimally, however, the display of a sounder management orientation within the child welfare system should enhance the credibility of agencies with their funding sources.

REFERENCES AND NOTES

1. See: David Fanshel and Henry S. Maas, "Factorial Dimensions of the Characteristics of Children in Placement and Their Families," *Child Development*, Vol. 33 (1962), 123-144; also, John Bowlby, *Maternal Care and Mental Health* (Geneva: World Health Organization, 1952); and Mary D. Ainsworth, "The Effects of Maternal Deprivation: A Review of Findings and Controversy in the Context of Research Strategy," in *Deprivation of Maternal Care—A Reassessment of Its Effects* (Geneva: World Health Organization, 1962).

2. See: Martin Wolins, *A Manual for Cost Analysis in Institutions for Children* (New York: Child Welfare League of America, 1962); also Edward E. Schwartz, *Cost Analysis in Child Welfare Services* (U.S. Children's Bureau, 1958); and Robert Elkin, *Relating Programs to Costs in Children's Residential Institutions* (Washington, D. C.: American University, 1969).

3. See: David Fanshel, "The Exit of Children From Foster Care," *Child Welfare*, Vol. 1, No. 2 (February 1971), 65-81; also: *Newsletter*, Child Welfare Research Program, Columbia University School of Social Work (winter 1966).

4. Three volumes dealing with the children, their families and the agencies serving them will be published in 1972-73 by Columbia University Press.

5. In a communication of the Council of Voluntary Child Care Agencies to the Ad Hoc Committee on Foster Care of Children of the New York State Board of Social Welfare (memorandum dated October 5, 1970), the following criticism of the child welfare system was made:

> . . . lack of adequate information readily available on a steady state basis. We know how many New York City public charges are in care, their age ranges, their sex, religion, ethnic group and in what type of care they are. But we do not know how long they have been in care nor the best judgment as to how long they are likely to remain in care. Nor do we know how many times they may have been transferred or how many are members of differently sized family groups. Of the children awaiting care we do not know how many may have been in care before, how many have siblings already in care, how many are educationally retarded by 1, 2, 3 or more years, or the subgroupings of such children by age and sex.
>
> The Council's *first recommendation*, therefore, is that the State Board and Department put the full weight of their influence and

authority behind the effort to establish a system of information and data collection which would have as its objective the development of planning and management review procedures. All agencies, voluntary or public, city or state, which refer or care for New York City public charges should be tied into this system both as suppliers and receivers of information.

6. On Dec. 31, 1965, there were 22,021 children in placement as New York City public charges. As of June 30, 1971, there were 26,514 children in placement as New York City public charges. (Source: Bureau of Child Welfare, New York City Department of Social Services, *Summary Analysis of Monthly Population Reports Submitted by Foster Care Agencies.)*

7. The criteria for including children within the study were: age, infancy to 12 years; never in care before, and experiencing at least 90 days in care at this placement. No more than two children were included per family unit.

8. For the 467 families in the study, 624 children were designated as study subjects; 802 additional children in these families were not included in the study because the sample was limited to no more than two children per family unit.

9. Source of information: New York State Department of Social Services, Division of New York City Affairs—Review of Expenditures Claimed by the New York City Department of Social Services for the Operation of Children's Center for the Calendar Year 1970; and, Review of Claims Submitted by the New York City Department of Social Services for the Cost of Care Provided at Callagy Hall for the Calendar Year of 1970.

10. Shirley Jenkins and Elaine Norman, "Families of Children in Foster Care," *Children*, Vol. 16, No. 4 (July-August 1969). 155-159.

11. The mean number of children per family by race/ethnicity was: Puerto Rican, 3.93; Black (Protestant), 3.55; Black (Catholic), 2.89; White (Catholic and Protestant), 2.77 and Jewish, 2.26.

12. If 100 families in the discharged category had children who remained in care, the total costs would have amounted to $16.5 million, compared with a cost of $14.6 million projected for those families with children who actually remained in care. The larger amount projected for the former is explained by the fact that these figures are derived from actual costs, and the children in the discharged family group were receiving more expensive forms of care.

The costs for the 100 adoption family cases were substantially less because the young, adoptable children were receiving less expensive forms of care and also averaged only one child per family, rather than about three children per family in the other categories.

13. Jean Pennock, "Child-Rearing Costs at Two Levels of Living by Family Size," *Family Economics Review* (December 1970). Since it appears that Pennock did not include in her figure a yearly increment for the continuing rise in cost of living, included in our figures, the Pennock data do not permit a direct comparison. However, even if a yearly increase nearly doubled the Pennock figure, the marked contrast remains. Additional evidence for the contrast is given by another recent study conducted by the U.S. Commission on Population Growth and the American Future

reported in the *New York Times* on December 30, 1971. The authors, Susan McIntosh and Richie H. Reed, estimated the total cost to an average middle-class family for rearing a child until age 18 was $34,464, covering the costs of childbirth, housing, food, clothing, transportation, education and medical care.

14. The failure to find adoptive homes for children in foster care who are legally free for adoption or whose parents have dropped out of the picture involves staggering sums of money when one considers the cumulative years of substitute care that must be provided. A recent study by the Office of Research and Evaluation of the New York City Department of Social Services revealed the following regarding the census of children in care as of May 1970:

> Some 6487 children were identified who had no contact with either parent in the last 6 months—they represented nearly one-third of the children in care at public expense at the time of the study. The authors believe this is a conservative estimate of the number of such children in care, since questionnaires may not have been returned on all of the children who had not been visited in 6 months.
>
> The whereabouts of both parents of one-third of the children who were not legally free for adoption was unkown to the agencies.
>
> About two out of five children were considered potentially free for adoption.

Gwen Bellisfield, *et al.*, "Census of Children in Care Who May Need Adoptive Planning" (mimeographed, New York City Department of Social Services, Human Resources Administration, New York, July 1971.)

15. Citizen's Committee for Children of New York, "Toward a New Social Service System," *Child Welfare*, Vol. L, No. 8 (October 1971), 448-449.

16. Alfred J. Kahn, "The Social Scene and the Planning of Services for Children," *Social Work*, Vol. 7, No. 3 (July 1962), 7.

17. The Ad Hoc Committee on Foster Care of Children, New York State Board of Social Welfare, *A Program of Action for Children in Need* (April 15, 1971), 6-7.

18. Deborah Shapiro, "Agency Investment and Consequences for Clients: The First Year of Placement" (mimeographed, May 1, 1971).

19. Frances Kroll, *Perspectives on Foster Care in New York City*, Child Welfare Research Program, Columbia University School of Social Work (June 1967).

20. Martin Rein, *Social Policy: Issues of Choice and Change* (Random House, 1970), 36.

21. David Fanshel, "The Exit of Children From Foster Care," *Child Welfare*, Vol. L, No. 2 (February 1971), 65-81.

APPENDIX A

Selected CWRP Cases Involving High Expenditures From New York City Charitable Institutions Budget

THE VALASQUEZ FAMILY CASE

The Valasquez family was established on the basis of a common-law relationship between Mrs. Valasquez, age 32, of black ethnic origin, and Mr. Valasquez, 24, of Puerto Rican origin Four children, Donna, 4 years old; Donald, 3; Carlos, 2, and Carmen, 1, were born of this union. Mrs. Valasquez also had a previous child, Cary, 6, from a previous relationship.

Foster care was precipitated in early June 1966 after the mother deserted the children in May. She had disappeared many times before, but never for an extended time. Since Mr. Valasquez was working and there were no maternal or paternal relatives to assume care of the five children, he did not want to leave the children alone in the apartment, and went to the family court to request help. The court referred Mr. Valasquez to a family service agency, which in turn referred the case to the public child welfare agency to arrange temporary care of the children. Cary and Donna, the two oldest girls, were placed in a temporary shelter operated by a voluntary agency; Donald and Carlos were placed at another voluntary agency temporary shelter, and Carmen, the infant, needed medical attention and was sent to a hospital. Carmen was transferred to a temporary foster care placement 2 months later. A few days after initial placement, Donald was separated from Carlos and placed in a foster home in which, because of his depressed behavior, he was kept only 2 months. Donald was returned to the institution.

While the children were in temporary care, plans alternative to foster care were explored by the public welfare agency. A paternal grandparent in Puerto Rico refused to accept the children because she worked and would not quit to accept public assistance and assume care of the children. Plans by the father to employ a woman to take care of the children at home were unrealistic. Consequently, long-term care was considered the best plan. *The father requested that all the children be placed together.* This request delayed the children's transfer to long-term care for several months. In April 1967, 11 months later, when a long-term care agency 90 miles away accepted the children for care, the father became enraged because he could not afford the $15 fare required to visit the children (and no agency had provision for reimbursing the father for transportation costs). As a result, the father refused to sign the authorization for the children's long-term care placement and again sought help from his parents to care for the children. After several weeks, Mr. Valasquez was unable to make any suitable alternative arrangements, so he signed the authorization for LTC placement of his children. Shortly thereafter, the two older girls were transferred to foster homes with the agency 90 miles away, but the two boys and the infant remained in their temporary placements. In May 1968 Donald was transferred to the same agency's institution, and Carlos followed in September 1968. Donald was transferred to a foster home in in June 1969 and a month later was replaced to still another foster home, where he continues to reside. Carlos was placed separately in a foster home in April 1969 and remains there.

Mr. Valasquez visited the children regularly and often while they were in temporary care and located within the city. However, when they were placed in LTC 90 miles away, he stopped visiting, which was disturbing to to the children. After several months, when his anger subsided, he began monthly visits. Mr. Valasquez showed much affection for the children, but seemed overwhelmed by the difficulties of his situation. He often missed work, seemed depressed, lacked awareness of the children's needs and desires. Despite this, he remained, for the most part, active and cooperative, but revealed marked distrust for each of the three child welfare agencies with which he was involved.

In April 1968, Mr. Valasquez remarried. This seemed to add some confidence and stability to his life. Although his new wife did not want any of the children and never visited them, Donna, the oldest of the father's children, was discharged home.

The children's mother never returned, nor did she attempt to see the children. She was located in the city through the receipt of public assistance and later upon being arrested for prostitution. Exploration of her situation and personality made it evident that she could never resume care of the children.

All the children remaining in care, except Donald, were adapting well to their foster homes and showing relatively normal growth and emotional adjustment. However, Donald was showing some signs of emotional problems—slow language development and constant seeking of emotional support and other kinds of problematic behavior.

Even with continued casework support for the father, there appears little likelihood that all the children will eventually return home. If they continue to reside in foster care, with the possibility of Donna's return

return to care, the cost of foster care until all children reach their maturity will be $[illegible]03,519.

THE GARCIA FAMILY

Mrs. Garcia came to the United States from Puerto Rico 15 years ago with her husband soon after they were married. Despite one child's death in infancy early in her marriage, through the birth of her first four children she felt that life was "good to her." However, the unexpected death of her husband was a turning point, and life became increasingly bleak. Her second husband, Mr. Garcia, drank heavily, was verbally and physically abusive to her and the children and provided very little for them, often disappearing for long periods. As her family increased each year by the birth of a new child, her physical and emotional strength waned.

In early 1965, Mrs. Garcia became concerned about the difficulties she was having in taking care of her family of seven children, ranging in ages from 1 to 9 years. The pressures created by her husband exacerbated the situation. Her concern led her to seek help at the local school, where she was referred to the guidance counselor, who assisted her for almost a year. However, Mrs. Garcia was not satisfied with the counselor's help, so she applied early in 1966 to the public welfare agency for help. The agency assisted Mrs. Garcia in her decision to leave her husband, move into her own apartment, and permit the children to attend the same school. By summer, however, Mrs. Garcia seemed so overwhelmed by her circumstances that an emotional breakdown appeared imminent. This required that a voluntary commitment for placement of all the children be planned, and this was completed within a few days. All seven children were prepared for placement on the same day they entered foster care. The four oldest children were placed directly with a large institution, but the two youngest, preschoolers, were placed in temporary shelter boarding home care and the 5-year-old was placed in the city's children's shelter. This latter child was transferred 2 months later to an institution, but not the one where the older children were placed.

After the children were placed, Mrs. Garcia moved into a furnished room and sought employment. She obtained a job in a factory and the change in roles seemed to give her substantial satisfaction. Meanwhile, she worked closely with staff at each agency where her children were placed, and visited them regularly. Case reports available to the research group reflect a positive, close relationship within the family, *i.e.*, among the children when they visited together and especially between the mother and the children.

Mrs. Garcia also maintained contact with the agency's social service staff. Despite her adverse circumstances, she was viewed by all workers as fairly well organized, relatively warm and friendly in her interpersonal relationships, and with areas of obvious strength in her parental functioning. However, she had a language handicap, speaking mainly Spanish, that interfered with her ability to negotiate important matters on her own behalf. More seriously, she had memory problems and was easily overwhelmed.

After several months of not having the burden of caring for her children—during which time she both missed them and felt relief with the lessening of her responsibilities—Mrs. Garcia appeared to have made great strides in overcoming the unhappiness and pressures caused by her second marriage. Her employment continued to be a source of satisfaction to her. During this time she followed through with a referral for psychiatric help, but discontinued when group therapy rather than individual therapy was offered. As she began to feel less disturbed emotionally, she began to consider care of some of the children. Her interest in doing so increased markedly as she learned of agency plans to place all of the younger children in a new foster family home. She feared losing the affection of her children to the foster mother and preferred their being placed in an institution, which she regarded as being the equivalent of "private school."

Throughout the time the children have been in placement, they have been seen as adapting satisfactorily, but not without problems, especially among the older children. For example, Laura, the oldest girl, an adolescent, has become interested in her grooming, clothes and overall appearance, but otherwise is lethargic and constantly retreating into pretense of illness, with displays of depression. She appears to have limited intelligence (IQ 63) and is immature for her age. She suffers marked periods of withdrawal and moodiness. Each of the other older children has similar emotional problems reflecting feelings of low self-esteem. The younger children, however, seem to have developed rather well, both physically and emotionally, in their foster homes.

While the children have been in placement, the mother has maintained her visiting and frequently telephones. However, in her personal life, she has established a relationship of uncertain stability with a new man, which recently resulted in the birth of a child. At a point 4 years after the children entered foster care, it seems likely that the children will remain in foster care until reaching majority, although one or more of the youngest children could return home if the mother's new relationship solidifies into a more stable life and home.

The projections of cost for the family, should all six of the children remain in foster care until they each reach age 18, would be $570,951.

THE WINSTON FAMILY CASE

The Winstons are a black family consisting of nine children, six of whom are living in a small apartment with their mother, while the three oldest children were residing, since shortly after their birth, with their respective paternal grandmothers. Mrs. Winston, age 30, was never married nor was she ever employed; her income was primarily public assistance, supplemented by money she received from the men with whom she had attachments over time. The family was living in a sparsely furnished, overcrowded apartment located in a problem neighborhood.

Foster care placement for two of the children, Margo, age 8, and Peter, 9, was precipitated when they were picked up by the police late at night as runaways. The children indicated to police that they did not want to return home and Margo was therefore taken into the city's shelter for girls and Peter to the boys' shelter. Upon being notified, the mother went to the shelters, but indicated to the social service worker that she did not want the children at home because she could no longer control them. Since the Bureau of Public Assistance had been considering filing a neglect petition against Mrs. Winston because she often left the children unsupervised, did not prepare meals or otherwise adequately care for them, her case was referred to the public child welfare agency to arrange for a voluntary commitment for long-term care. During this planning phase, Margo and Peter remained at the temporary shelters, where they had been placed in April. The four other children did not enter care until August, when action became necessary because the mother was confined to the hospital to give birth to her 10th child.

The social worker at the public child welfare agency continued to see the mother upon her return home to encourage her to visit the children in care and to ascertain how she was coping with the new baby. Arrangements were made for the children to visit at home for the Christmas holidays as a means of bringing the children together and maintaining their family ties. However, when the social worker observed the chaos that existed around this visit and noted that the children were left unsupervised, a recommendation was made that the children not be permitted further home visits.

Mrs. Winston was reported by the public child welfare agency social service worker as showing rather low intelligence and limited capacity to cope with her large family. She had been able to complete the elementary school level of education, but she was overwhelmed by the realities of her life. Her attitude reflected marked apathy toward her situation. It was felt, however, that Mrs. Winston might be able to cope fairly adequately if her responsibilities were limited to one or two young children. All of the others would require continued foster care.

A social worker at one of the child care agencies confirmed this view of Mrs. Winston's limitations. In her infrequent visits to the children, she was observed as being impulsive, often making promises to them that she did not keep. Overwhelmed by her problems, she evidenced little affection for the children or concern for what was happening to them. Most efforts to engage her in casework were resisted. Mrs. Winston saw placement of the children as punishment being inflicted upon her by an outside authority. She was apparently unable to recognize the problems that interfered with her maternal performance, nor could she comprehend that she was in need of help and treatment.

The six children were placed with four different agencies, but one of the child care agencies arranged periodically for the children to visit together. Concurrently, the public child welfare agency continued its effort to place the children as a family group in an agency-operated boarding home. Delays were caused by a lack of openings, especially for six children, and the emotional problems presented by Peter. His aggressive behavior and low IQ (64) were considered detriments to the group boarding home placement.

None of the children seemed to show much reaction to being separated from the mother or to her apparent rejection of them. Over time, they seemed to have fewer feelings for each other during their periodic visits together. The plan to place all the children together was never achieved.

Peter remained in the temporary shelter at the same setting where he was initially placed in April 1966 until a year and a half later. The stability of daily living that the shelter afforded Peter substantially decreased his problem behavior and he also showed improvement in his school performance; he appeared much less distraught emotionally. As he put it, "I like having a clean bed to sleep in and three meals a day." When he was retested, his IQ score was 87. Peter was transferred from the temporary shelter to a voluntary congregate care agency after the summer of 1967; he remained there for 2 years.

Peter's sister, Margo, had already been at this institution several months. When this agency gave up its girls' program early in 1968, Margo was transferred to another institution and Peter joined her there 8 months later. The younger children were placed in pairs at two other child care agencies providing foster home placements, and they were apparently showing good adjustments, without any marked signs of emotional problems.

Margo was first tested in the temporary care agency in early 1967. She was seen as a severely deprived child with impaired development; she was frightened and depressed. She was diagnosed as "passive-aggressive personality with neurotic reaction." Her IQ rating was determined to be 88.

After 4 years, all of the children were adapting relatively well to foster care, despite the fact that visits with each other were not frequent and visits by the mother were rare.

Margo's natural father ultimately learned of her being in foster care and he visited occasionally, and she also visited him at home. Since his life was quite unstable, and the woman he lived with did not want Margo, it was not possible for her to be discharged in his custody.

Mrs. Winston continued to maintain an apartment with the aid of public assistance and to care for the three children born to her since the six entered foster care. No contact was ever made with the other three older children living with their respective grandparents. Thus the situation was one within which the responsible social workers felt that there was little chance that the children would be discharged to their mother, but would remain in foster care until each reached their majority. The foster care costs for this set of six children, not including the costs for either the three youngest or the three oldest children entering foster care, are projected to be $697,540.

THE PEREZ FAMILY CASE

The Perez family, of Puerto Rican ethnicity, was an intact family with eight children resulting from a common-law marriage in 1951. All but the oldest child, who resided with a grandparent, were living together in a small apartment.

Entrance into foster care was precipitated by an emergency situation, so that no prior planning or preparation of the children for the move was possible. At bedtime one April evening in 1966, a conflict arose between Peter, the 6-year-old, and Mrs. Perez that led to her attempting to strangle the boy with a necktie. Carlos, age 10, ran to the neighbor's apartment for aid, and the neighbor called the police. When the police arrived, Peter was cyanotic, but he was revived. The police took the mother to a nearby public hospital for confinement and observation. After the possibility of having either the father—who could not be located—or relatives come to take care of the children was exhausted, they were taken to the city's temporary shelters. Because of the children's ages and sex, five were placed in the city's public shelter, one was placed in a private child care shelter and the youngest was placed in the infants' shelter.

At the hospital, the mother's condition was diagnosed as "schizophrenic reaction; chronic undifferentiated; disassociative reaction; psychotic depression." She was confined to the women's house of detention for 5 months on charges of felonious assault. The mother, age 38, had a history of mental illness and had previously been hospitalized briefly in 1957.

Eight months prior to the events that led to placement of the children in foster care, the mother had requested placement for her children from the public child welfare agency. She was living in an unfurnished apartment at the time because she wanted to force the placement of her children, but the agency furnished the apartment instead, and the children continued to reside with her.

Mr. Perez, age 39, had always assumed a marginal role of responsibility for the family, showing little interest in the children or concern for their needs. His actions were generally antisocial and mostly self-centered, directed toward self-indulgence and pleasure. From time to time he worked in restaurants, but his excessive drinking or violent temper and fighting usually led to his dismissal. As a result of robbery, felonious assault and army desertion, he served 2 years in prison. Despite his shortcomings, he impressed the city's caseworker as having the capacity, with counseling, to function adequately as a parent. Upon learning that the children were in foster care and the mother was hospitalized, Mr. Perez periodically made an effort to visit the children.

Planning for the discharge or continued care of the children was postponed until a complete evaluation was made of the family situation, especially the results of the psychiatric evaluation of the mother and the findings at the dispositional hearing of the case in the family court. In September 1966, the court permitted the oldest girl, age 9, to leave foster care and to live with a paternal aunt. Long-term care was ordered by the court for the other six children. Five of the children were soon transferred to an institution, while the infant remained at the shelter until she could also be placed with her siblings.

Upon discharge from the hospital, the mother no longer had an apartment to return to, so she stayed with her sister. She subsequently moved in with her in-laws, where her husband was living. The mother, who was discharged from the hospital before the court hearing in late 1966, was relieved that the children would not be discharged to her, at least in the immediate future. Despite this attitude, Mrs. Perez was cooperative in working on plans for the children and continued to visit them each week. Although the child care agency worker felt that the mother might in time gradually assume care for her children, the probation officer at the court was not optimistic about the mother's recovery and ability to assume care. Mrs. Perez attended the psychiatric clinic as an outpatient during 1967; she was described as showing "psychotic depression superimposed on a base of chronic undifferentiated schizophrenia, with proneness toward disassociative reaction under stress." During the year, Mrs. Perez continued to complain about her depressions and hallucinations. However, both she and Mr. Perez continued to visit the children, although Mr. Perez was far less consistent in his visiting.

Upon transfer to long-term care in September 1966, four of the five children adapted rather quickly to the new situation, even though they saw this new placement only as a bridge to returning home. Maria, the 4-year-old was the only one who had marked difficulty adjusting to the new institutional setting. It was felt she might in time have adjusted much better if she were in a foster home. Maria was very attached to the mother, so the continued separation was difficult for her. She was extremely demanding, often violent with peers, and generally isolated herself. The other children were doing rather well, including their performance in school. Carlos, the oldest of the children in placement, was considered rather mature for his age of 10. He was able to recognize his mother's problems and tended to look after his siblings, for which the mother rewarded him. The infant, in a foster home, continued to progress well.

In the latter part of 1967, the mother began working in a factory (the job lasted only a few months) and as a result, she and Mr. Perez set up a small apartment of their own. In early 1968, Mrs. Perez asked to have the younger children returned to her; however, the agency's psychiatrist recommended that the children remain in foster care. The mother was disappointed, but she continued to be cooperative and to visit the children each week. The father's interest in the children seemed to be waning, and his visits became less frequent.

During the next 2 years, the children continued in foster care without much change. Mrs. Perez continued to visit, but her visits became less frequent and she seemed more and more relieved that she would not have to take responsibility for the children's care.

Four years after entry, in early 1970, the situation seemed unpromising. The child care agency's caseworker felt that the mother was entirely incapable of relating meaningfully to her children and that she was not interested in resuming their care. As for the children, the oldest girl who had been discharged to the paternal aunt had returned to care, where she and two of the other children were transferred to a group residence and given treatment. Carlos, who was doing well at the institution, remained there. Maria and Peter were transferred in mid-1969 to a residential treatment center, while the youngest child remained in the foster home where first placed. Maria had been transferred to the residential treatment center because she was doing poorly at the larger institution. She began to hallucinate, became almost totally isolated and showed no improvement with medication or group therapy. Her diagnosis was "adjustment reaction of childhood, with neurotic traits." She subsequently was transferred in in late 1970 to a foster home, but Peter remained in the residential treatment center. Thus, the seven children were now separated in placement at five different locations, with only three of the children placed together.

By late 1970, the father no longer showed any interest in the children. The mother continued to visit about every month. However, she was not able to cope with the children, who were now destined to remain in foster care until each reached maturity. All but Carlos and the youngest child required continued treatment for emotional disturbance.

With little if any prospects of the children's returning home, foster care will most probably be required for each child until majority. The projected cost for such cases would be $736,018.

APPENDIX B

Case Planning Using a Computerized Information Base

Intelligent planning for children in foster care requires that those in positions of administrative responsibility in the child welfare system create case review procedures to ensure that the full range of alternative intervention plans has been considered for each child who becomes a ward of the system. Logic dictates that sound case planning procedures be particularly well developed for the early period when children first experience separation from their parents. Periodic review of the status of children is also in order as a part of a sound management orientation. Of course, some children may be locked into permanent placement as foster children and administrative review may have the purpose of assuring that they receive adequate care.

With the present capabilities of computers, the use of which is now feasible both operationally and financially for even small agencies,* computer-aided case managment can be a reality. Information storage and retrieval systems can be developed to provide not only periodic descriptive summaries of overall agency service and clientele, but individual case analyses that identify needed actions and indicate relative merits of possible alternative actions, including cost projections. Using a computerized information base for case planning, an administrator might receive a case protocol similar to the following:

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*The development of computer management information systems is economically feasible and practicable for large agencies with multimillion-dollar budgets, but generally not feasible for smaller agencies, by themselves. However, smaller agencies can afford a management information system if they participate together with other agencies where a centralized computer service is available. There already are centralized computer service systems in operation. For example, one such system is being developed by the Family Service Association of America for its member agencies. A special corporation was created, with member agencies sharing the computer and programming costs, but with each having access to the centralized computer management system for their own agency. Another type of computer system available to smaller agencies is one provided by commercial companies that have developed appropriate management information systems and sell packaged services geared to each agency's needs and budget.

> *Johnny Green has been in care since October 1, 1969. He has not been visited in over a year by either parent. From examination of our data bank, and our projections of future costs within the system, $106,000 will be required in future fee payments to sustain this child in care until he is 18 years old. The following alternatives to permanent foster care, with associated cost factors and probabilities of success, are projected:*
>
> *Plan A: Termination of parental rights and effort to obtain adoptive placement. Two-year cost projections for specialized case handling (e.g., assignment of senior caseworker to assess likelihood of parental involvement, arrangement of legal proceedings, if required, and development of campaign for finding adoptive home). Contract with .... type of agency in amount of $21,000 to carry out plan is required. Probability of success, based upon 1360 cases of like characteristics in our data bank, is about 62%. Saving, if successful, is projected as $78,000.*
>
> *Plan B: Quasi-adoption. Exploration of permanent placement with foster family, obtaining termination of parental rights and development of subsidy plan of direct financial payment. Contract with .... type of agency for 2-year period for $32,000 to cover foster care, legal exploration of parental rights picture and development of quasi-adoption plan. Total agency withdrawal set at 2 years from date of contract. Probability of success, based upon 1535 cases of like characteristics, is 73%. Saving, if successful, is projected as $48,000 to age 18 (based upon annual quasi-adoption subsidy of $1200 to adoptive family).*
>
> *Plan C: Work to restore parent involvement. Contract with .... type of agency to locate parents and attempt to restore their involvement. Three-year contract in amount of $38,000 to cover assignment of senior caseworker to work with family, budget for restoration of family residence, and provision of homemaker service in initial period. Probability of success based upon 798 cases of like characteristics is 34%. Saving, if successful, is projected at $37,000.*

In the case cited, an example is provided of how an administrator might use cost projections as a device for helping to decide among alternative arrangements in pursuing a goal of service intervention on behalf of children. Of course, in using such a system for case planning and projecting costs, the value of various alternatives would still need to be determined, even if, initially, only educated guesses are used. For example, among cost data that will need to be identified are such items as: What does it cost to maintain an apartment with three children when a mother is hospitalized and care must be provided for her children? Would homemaker service, for example, carry the family adequately until the mother returns home? Would two shifts of homemakers be cheaper than placing the children in foster care?

Knowing the "full picture" in a case, including relative costs, enables both the administrator and community to make choices that can maximize the impact of available resources within constraining, fixed budgets.

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II. BACKGROUND ON STATE PROGRAMS

Somebody Else's Children:

A Report on the Foster Care System

in California

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Chapter I: INTRODUCTION TO THE FOSTER CARE SYSTEM

Most childrenare raised by their own parents, in a family unit that is relatively free from state intervention. But some children -- about 300,000 nationally and 28,000 in California -- spend at least part of their lives in out-of-home placement under state supervision. These are the state's foster children; in California, about one-half are declared dependents by the Juvenile Court and one-half are voluntarily placed by their parents for state supervision. Once a child enters the foster care system, a process begins that has a lasting effect on the lives of that child, his or her parents and the people who provide substitute parental care. It is not a simple process -- the parties involved, the number and kind of decisions that must be made are surprisingly complex.

In truth, the number of children who become involved in the foster care system is not large[1] and, the problems and policies we are discussing touch only a small segment of the population. However, looking at foster care is important for a variety of reasons:

1. It provides a clear example of the way in which a bureaucratic structure has developed to administer a governmental policy toward children.

2. It is an expensive program, in which federal, state and county money combine to support its operation; the way in which the three levels of government cooperate in foster care provision has important implications for other public programs as well.
3. It is the most extreme form of state intervention into the family unit; in fact, it is the state's attempt to act as a substitute parent.

HISTORY OF FOSTER CARE

Although interest in the governmental operation of foster care -- especially interest by non-social service practitioners -- is a relatively recent phenomenon, the program is certainly not new. Dependent children have existed in every culture and in every period of history. Almost always, detailed systems have been created to provide for their care, protection, and training. These systems varied greatly -- depending on the strength of certain religious beliefs and practices, on the public policies of the land, and on the accepted meaning of childhood at the time. Nevertheless, continuities exist -- tying together the most rudimentary and the most sophisticated schemes for the care of dependent children.

As it first developed in seventeenth century Europe, child care was purely a religious activity. No public funds were allocated and no administrative apparatus established to support or monitor charitable programs and facilities. In 1619, the Mayor of London sent out to Virginia Colony one hundred children, "to be placed with honest masters."[2] These children were actually indentured to colonial families willing to provide room and board in return for the child's labor. Indenture agreements varied, but generally provided for the religious and vocational training of the child, for the length of time the arrangement would continue, and for payments or other recompense to the "foster" family. During the next century institutions developed for the care and shelter of orphaned children -- primarily to provide religious training. By 1790, the first public orphanage had been established, with the same religious objectives as private charities.

During the 1800's, caring for dependent and neglected children became a public activity. This shift from private to public responsibility had a significant impact on the way in which child care activities were organized.

The justification for the nurturance and protection of needy children expanded from purely religious idealism; for the first time, a governmental apparatus developed to finance and administer the care of "society's children."

The Development of Government Responsibility in California

The rapid development of California during the late nineteenth century was unforeseen. New problems arose in many areas and the fledgling state government responded with emergency solutions. As the state's population grew, some state governmental action in regard to the public welfare was clearly needed:

> As early as 1850 the State appropriated funds for charitable purposes, but this was done haphazardly, with no relation to other machinery of government and with no regard to the experience of other communities. Most of these early efforts, therefore, fell quickly into abuse and were soon abandoned.[3]

A variety of state boards, commissions and departments developed to respond to the needs and demands of new Californians.

For children, the primary need was shelter. As a result, many children's instutions, mainly orphanages, were opened throughout the state; in 1855, the state initiated financial subsidies for such institutions, first as lump-sum grants and later, on a per-capita basis. With such state aid, the number of institutions in California increased significantly.

State responsibility toward children without parents or guardians was reaffirmed at the Constitutional Convention held in 1878 at Sacramento, although some delegates felt that the state should not exercise this responsibility by subsidizing private institutions. As a compromise, the Constitution of 1879 gave the legislature authority to grant financial aid to institutions providing care for orphans, half-orphans or abandoned children and added that "any county or city and county might receive the same pro rata appropriation" for children not placed in institutions.[4]

County responsibility toward the needy was not a new concept in California. Some counties already spent public money on the dependent poor based on the County Government Act of 1883. County activities expanded after a court decision in 1888 which interpreted the law actually granting state aid to needy children. The court in County of Yolo v. John P. Dunn decided that the state could not limit its aid to children in orphanages, but must also provide funds to counties for the care of orphans and half-orphans who were not placed in insitutions. Thus, counties began the practice of "outdoor relief," technically, care for the poor in their own homes. By 1899, the state was contributing to the care of 8,065 children; almost 30 percent of these were in their own homes or other family homes rather than in institutions. County activities were further formalized by the Indigent Act of 1901, which vested in county governments responsibility for the care of all needy persons, including children not eligible for state aid, and authorized counties to spend their own funds for those in need. In 1913, a state statute provided specifically for aid to children in their own homes, in homes of relatives, or in family boarding homes, thus providing the legal basis of California's county-based foster care system.

Even during the early period tensions developed concerning the division of responsibility between the State and local government units. During the 1880's interested citizens, concerned about wasteful government expenditures and state subsidy of children's institutions, pushed for the development of a State Board of Charities and Corrections, modeled after those already set up in other states. The State Board was finally established in 1903, but it could not significantly alter county practices; the Board had no power to investigate or oversee county relief programs or private institutions and orphanages. As a consequence, no uniform statewide standards or practices developed and each separate county spent funds for needy children as it chose. In most counties, both state and local grants were administered by county supervisors.

The need for statewide supervision became clearer as the system grew. In fact, a State Board of Charities and Corrections Report of 1916 pointed out that:

> ....with a few exceptions county care was synonymous with county neglect, as far as the care of dependent children was concerned.[5]

In 1917, amendments to the Indigent Act required county boards of supervisors to investigate all applications for relief and gave authority to the State Board to develop records and forms for county boards of supervisors to use.

Early Methods of Out-of-Home Care in California

Many county outdoor relief programs included placing needy children in boarding homes. At first, the use of boarding homes for dependent children was closely tied to the use of institutions for their care. Often, after a child had completed the schooling offered in an orphanage, or had reached the age at which state aid ceased, he would be placed in a family home. In exchange for such family care and training, the child would provide services for a number of years. In effect, such boarding-home care was similar to an indenture system, without the force of law. Typical indenture agreements, quite common in colonial America, were rarely used in California.

Some younger children were also placed in foster family homes at this time, so that they could benefit from family care and experiences. Families that accepted children for care were paid, either by the child's parent or other relative or through public or private funds. These placements became more common after 1909, when the Juvenile Court Law permitted judges to place a court ward in any home they thought desirable. This law applied to both dependent and delinquent children and was used especially in San Francisco to provide for many children left homeless after the 1906 earthquake and fire. The language of the Juvenile Court Law left many children open to placement by the court, since for purposes of the Act, a dependent child was defined as one under 18 years of age found to be:

(1) begging or receiving alms;

(2) in the streets or public place for the purpose of begging,

(3) a vagrant,

(4) wandering without a home or settled place of abode or any visible means of subsistence,

(5) with no parent or guardian and without proper control,

(6) destitute,

(7) with an unfit home though neglect, depravity, or cruelty of the child's custodian,

(8) frequenting the company of reputed criminals or prostitutes,

(9) living or being in a house of prostitution or assignation,

(10) habitually visiting places where spiritous liquors are sold,

(11) refusing to obey the reasonable orders of his parents,

(12) incorrigible,

(13) without any father or with a father who is a habitual drunkard or without any parents or with a mother who is unable to provide proper support,

(14) habitually truant, or

(15) habitually using intoxicating liquors.[6]

The boarding home system, which was used more frequently after the 1909 law, provided another stage for state-local conflicts, primarily over licensing. By1903, any person boarding children was required to have a license issued by a county health department or health officer. But state supervision of this licensing apparatus was not initiated until a 1913 law established supervision through the State Board of Charities and Corrections. In spite of the 1913 law, overall supervision was clearly impossible without county cooperation; as a result, the state delegated much of its supervisory function to local agencies. In most counties, licensing of homes was handled by health departments, while responsibility for actual selection of a home for a child and supervision after placement was usually delegated to local welfare departments. The State Board remained responsible for general supervision and coordination. Athough the name of the state agency changed from Board of Charities and Corrections to Department of Public Welfare in 1925 and Department of Social Welfare in 1927, its delegation of responsibility to the counties did not change.

The Influence of National Trends on the California System

Many of the characteristics of the California foster care system in the early 1900's developed in response to national trends. In 1909, for example, the First White House Conference on the Care of Dependent Children announced that troubled or neglected children should be cared for in their own homes rather than placed in institutions or foster homes;

> Home life is the highest and finest product of civilization...Children should not be deprived of it except for urgent and compelling reasons. Children of parents of worthy character suffering from temporary misfortune, and childrenof reasonably efficent and deserving mothers who are without the support of the normal breadwinner should, as a rule, be kept with their parents, such aid being given as may be necessary to maintain homes

> for the rearing of children.... Except in unusual circumstances, the home should not be broken up for reasons of poverty, but only for consideration of inefficiency and immorality.[7]

As a result of this White House conference, the federal Children's Bureau was organized, systems of state supervision of dependent childrne living in foster homes and institutions were developed, and progressive child welfare legislation was enacted, including a bill for Mother's Assistance Funds, Children's Codes, and child labor laws.

In 1913, partly as a response to the entrance of the federal Children's Bureau into the field of social welfare, California legislation emphasized the state's desire to keep dependent and neglect children in their own homes whenever possible. The 1913 law encouraged counties to supplement state aid funds, required institutions to meet state standards and regulations and provided that no state aid would be given to any child for whom a home was available. After this law was passed, state officials in California actively sought to reduce the number of children in institutions and return them to their own homes or to adoptive parents.

A second Washington Conference called by President Wilson in 1919 established "minimum standards for child welfare" and led to the organization of the Child Welfare League of America. After this conference, the U.S. Children's Bureau worked with officials in various states to put into practice the policies developed at the conference. In 1923, the Children's Bureau completed a study of the administration of aid in San Francisco; this analysis provided a clear picture of the California system and served as a useful example to compare to other state systems. Many amendments to the California law during the next decade came about after analysis and comparison of the foster care system in California with systems in other states and localities. Such comparison was only possible because of the work of the federal Children's Bureau.

The third White House Conference on Child Health and Protection, held in 1933, was the harbinger of direct federal intervention into state policies toward children of the poor. The tone of despair and compromise, clearly evident in the Conference reports, signalled the need for more far-reaching solutions to the problems faced by dependent and neglected children:

> Extraordinary opportunities for prevention of the conditions which deprive children of parental care are utilized to only a slight degree. Invalidism, accidents, irregular employment, unemployment, and insufficient wages, leave hundreds of thousands of family homes without adequate income which is essential to the maintenance of a home suitably equipped for the rearing of the citizens of the future.[8]

Two years later, Congress enacted the Aid to Dependent Children (ADC) program in the Social Security Act and the era of direct federal involvement had begun.

Chapter II. THE GOVERNMENTAL APPARATUS

[illegible]. HISTORY OF THE FEDERAL ROLE - FUNDING & SUPERVISION

By 1935, the outlines of the governmental apparatus that currently surrounds the foster care system in California had been drawn. It is a system in which responsibility -- financial, administrative and supervisory -- is shared by federal, state and county officials. State law in California, since the middle of the last century, has assinged prime responsibility for the protection of children to state and local public welfare agencies. The federal government became involved in the care and protection of needy children more recently, when it funded the ADC, now AFDC, program in the Social Security Act. Until 1961, federal money only supported needy, dependent and neglected children while they lived with their natural parents. After much pressure from state officials and the Department of Health, Education and Welfare, Congress in 1961 passed amendments to the Social Security Act that allowed states [illegible] use federal funds to support some AFDC children in foster care.[1] Before we examine the present federal role in foster care, we must look at the background and intent of the passage of the Social

Security Act in 1935 and the amendments in 1961 to understand the nature of federal government responsibility toward children and families.

The Social Security Act, 1935 and the Federal AFDC Program

Before passage of Title IV-A of the Social Security Act in 1935, care of poor, neglected and dependent children was purely a state and private responsibility. Some federal agencies, notably the Children's Bureau, were concerned with children separated from their parents and relatives. The federal government, however, provided no financial support for children who were orphaned, abandoned or removed from their families because of neglect or abuse. Before the 1930's, Congress believed that these social problems were primarily the responsibility of the states, private charities and individuals. But the Depression seriously threatened the economic viability of families and justified federal intervention to promote reliance on the family unit for childrearing.

The section of Title IV-A that appropriates money reflects the finding of the 1933 White House conference that children should be cared for in their own homes:

> "....encouraging the care of dependent children in their own homes or in the homes of relatives by enabling each state to furnish financial assistance and . . . services . . . to needy dependent children and the parents or relatives with whom they are living to help maintain and strengthen family life."[2] Emphasis added.

The federal AFDC program did not initially include foster care; in fact, the program emphasized again and again the importance of supporting poor children within their own homes or in the homes of relatives and not resorting to out-of-home placement. The AFDC program established three eligibility requirements -- each embodying a fervently held belief about what kind of children should be supported by the federal government. The three criteria for a "dependent child" as defined in the Social Security Act can be abbreviated as: need, deprivation of parental care and residence with family. The family residence requirement was included supposedly to promote family unity and emphasize extended family responsibility, and to protect family privacy and the rights of individuals to hold diverse values and life styles without fear of state intervention. Giving federal aid to children not living with their families was seen as undermining the Act's central policy of encouraging family unity. However, some people argued that orphaned, abandoned and neglected children were in greater need than poor children who could remain with their parents or find a place with relatives, because children living outside their families had already faced the trauma of separation and had been deprived of all the continuing social and psychological benefits of family life.

At first Congress rejected the idea of including children out of their homes in the AFDC program because the number of poor children living away from their families was quite small compared to the number of needy children living within impoverished families and legislators felt that limited federal funds should be used to maintain the social structure of the family rather than support alternative childrearing structures. The federal act also embraced the distinction between the "worthy" poor and those who were morally degenerate and therefore undeserving of public assistance, a distinction absorbed from the nineteenth-century attitudes of private charities and state welfare agencies.

The Congressional debate and Committee Reports preceeding the 1935 enactment of the Social Security Act indicate that states choosing to participate in the AFDC program would not be enjoined from excluding otherwise eligible applicants who had "unsuitable" moral character.Thus, many state AFDC plans approved for federal support included provisions for making ineligible any needy child living in an "unsuitable home." At the same time, the prohibitive costs of caring for a child outside his or her home kept states from removing children from their parents under almost any circumstances unless a relative or other party offered to care for and support the child. Thus a welfare department was likely to find a home "unsuitable," discontinue AFDC payments and leave a child in a dangerous situation. A state welfare department's ability to terminate AFDC payments at its discretion if a parent were somehow found "unsuitable" created a dangerous situation for needy children: They were rarely removed from parental custody, were forced to suffer the consequences of their parent's conduct and received no financial support from the state to insure adequate care.

During the 1940's and 1950's criticism of enforcement of suitable home provisions led most states to discontinue their use. The federal bureaucracy tried to make it clear that such discretionary criteria would not be tolerated and states employing them would lose all federal support. In January, 1961, Secretary of HEW Flemming promulgated the following rule in response to the continuing controversy:

> A state plan . . . may not impose an eligibility condition that would deny assistance with respect to a needy child on the basis that the home conditions in which the child lives are unsuitable, while the child continues to reside in the home.[3]

However, the so-called "Flemming Rule" allowed states to terminate AFDC payments if other provisions for the child's support were made; this would seem to include out-of-home placement. But, welfare officials could not simply use their discretion to remove children from their homes, since state laws required a judicial determination to remove a child from custody without parental consent. Thus, the "Flemming Rule" effectively closed off one more avenue of welfare department discretion: officials could still not take children away from their parents without court approval nor could they punish children of "unsuitable" parents by terminating AFDC payments.

Removal of the child by a court from an "unsuitable" or "unfit" home was still possible, but if this were done, states would bear the total cost of supporting the child since no federal money was available for needy children outside their homes. This financial arrangement created a tremendous disincentive for states to remove children from AFDC homes -- since they would then be forced to rely only on state funds to support those children in expensive out-of-home care arrangements. The states objected to the HEW policy embraced by the Flemming Rule on the grounds that it encouraged them to leave children in dangerous and unsuitable homes because of the availability of federal support and barred them from taking the most "effective" step short of removal from parental custody -- showing official disapproval by terminating financial support.

The 1961 Amendments -- Effects on the States

In Congress, reaction against the newly articulated HEW policy was strong; many Congressmen saw the HEW action as an attack on a state's power to provide for the moral welfare of its citizens. In the May, 1961 amendments to the Social Security Act, however, Congress reluctantly accepted the HEW position that punishing children for the immoral or unacceptable behavior of their parents was unfair and a misuse of the AFDC program. But, two amendments softened the effect of this new policy on states. First, the amendments guaranteed that federal funds would not be withheld from states in noncompliance until September, 1962, rather than June, 1961 as HEW desired. Second, the financial disincentive for states to remove children from parental custody was abolished; children receiving AFDC payments within their natural homes were now eligible to receive an even higher federal reimbursement if they were removed from their homes as "a result of a judicial determination to the effect that continuation therein would be contrary to the welfare of such child." The requirement of a court decision was clearly a compromise. It provided a means for the federal government to share in state and local foster care but only in those cases where a court of law as an independent decision-maker had found that the interests of the child and "parens patriae" duty of the state outweighed the interests of family privacy and necessitated removal from parental custody for the child's welfare.

The availability of federal funds for out-of-home care did not significantly affect the behavior of the states. A 1962 Amendment made the foster care reimbursement section a permanent part of the Social Security Act, but states were not obligated to include foster care as a regular part of their AFDC program. Most states did not immediately apply for federal foster care funds because the Act required certain changes in the administration of foster care for states to be eligible. Moreover, only a small percentage of the children in foster care at that time would have become eligible anyway since most were not removed by courts and those who had come before the court were rarely AFDC recipients at the time they were removed. California did not apply for federal foster care funds until April, 1963, two years after they first became available to the states. By June, 1965, only 23 states had accepted the AFDC foster care program and were caring for 5,779 children under it.[5] The amount of aid recieved by the states was almost insignificant, in California the federal share of the costs of foster care for AFDC children increased very slowly and was still under 2 percent in 1968, a proportion so small as to have a negligible effect upon state policy.

The Mandatory Federal AFDC Foster Care Program, 1967

In 1967, after continuing controversy between HEW and several southern states over the "Flemming Rule" and the 1961 amendments, the AFDC foster care program was mandated for all states, beginning in 1969. In addition, local welfare agencies were required to report suspected cases of parental unsuitability to the police or courts for legal action;[6] and eligibility for federal reimbursement was extended to children who were not actually AFDC recipients but would have been if application had been made when the court removed them from parental custody.[7] As a result of these amendments, the AFDC foster care program expanded significantly:

> ....by May of 1972, with all states participating, 79,527 children were included in the program, with federal expenditures at the rate of $98,000,000 annually. The total number of children in foster care at public expense in 1972 was estimated at 315,000...[8]

The variety among states is still striking. In a study to determine the effectivenss of the federal AFDC program.[9] Oliphant noted wide variation in the proportion of AFDC foster children to the total foster care population: from 7 percent to 62 percent. In California the proportion is about 43 percent. The study also revealed that the federal share of total foster care costs in the eleven study states ranged from 5 percent to 27 percent; the California average is __ percent.

FUNDING OF FOSTER CARE IN CALIFORNIA

In California, as in most other states, the AFDC foster care is essentially a fiscal program and has had little effect on the way the state's foster care system actually operates, except insofar as increased financial resources have made it possible for the program to expand. Actually, three characteristics of the federal program -- and their consequent effects on the California system -- have actually limited the development and improvement of foster care: (1) the division between maintenance and services; (2) the judicial determination requirement; (3) the requirement that eligibility be based on financial status rather than social need. The current foster care funding system in which three levels of government share responsibility clearly shows the effects of these characteristics. Although the federal government only contributes to the support of certain AFDC foster children, administrative practices required by the federal government affect the way the state and counties provide foster care for all children.

Maintenance and Services Systems

There are two separate funding systems whithin foster care: "maintenance" and "services". Maintenance may be defined as payments to licensed foster parents or institutions for the care and support of the child (room, board, supervision, medical costs, etc.). "Services may be defined as payments to the county agency for: (1) social work services provided for foster children, their biological parents and their foster parents; and (2) administration of the foster care program. Services include the costs of placing a child in a foster home, counselling foster families and children, and licensing foster homes.

Foster care services do not include the "preventive" services which technically must be offered to any family in the AFDC program before a child enters foster care (such as family planning and child protective services) or the "protective" services which may be offered to any family regardless of financial need or AFDC eligibility under the Child Welfare Services (CWS) program (defined in Section 4B of the Social Security Act.)

Counties are the direct administrators of the foster care program. All maintenance payments to foster parents and instititions emanate from the county treasury as do the service payments to the county employees who make up the foster care staff in social services departments. Counties establish payment rates for both maintenance and services.

The County Board of Supervisors sets the rate for foster care "maintenance" payments in each county under general guidelines established by the State Department of Social Welfare (SDSW).[10] The SDSW Manual, the county bible for funding, lists and interprets all state and federal regulations for use by county officials. The state provides an exhaustive list of principles to be followed in setting the rate for payments to "needy" foster children but does not set a statewide minimum rate or set specific dollar criteria as it did prior to 1971, so in fact counties can do as they please in establishing maintenance rates. The items covered under "maintenance," according to SDSW are: room and board, clothing, medical care, personal needs, recreation, transportation, education and incidentals. In addition, the foster parents are supposed to be paid for the care and supervision they provide the child. Provisions is also made to pay for any of the child's other needs.[11]

Payment varies depending on the county in which a child is placed and the kind of facility in which he or she is placed. Foster parents are supposed to be agents of the state providng for all the needs of the child at government expense. However, throughout California, board rates paid to foster parents vary widely from county to county. For example, as of January, 1973, the minimum foster family rate for teenagers was $86 in Modoc County and $160 in Marin County. Counties pay higher rates for children placed in group homes or institutions. The maintenance rate for foster children placed in private institutions is equal to the full amount charged by the institution as negotiated by the county; on the average, institutions cost almost four times as much as foster family homes.[12]

In addition to the minimum rate established by the county, needy foster children are also entitled to payment for "special needs" which are funded entirely by the county, and turn out to be limited to a one-time clothing allowance. Therefore, the payment made to foster parents is the sum of the county foster care rate plus the initial clothing allowance when needed minus the net income of the child.

Funding for Maintenance

The county thus makes all "maintenance" payments to the person or institution providing for the needs of the child. There are four major sources of reimbursement to the county for these payments. First, biological parents may be ordered by the Juvenile Court or the welfare department to pay child support, to the extent of their ability to pay, pursuant to their legal duty to support. Second, foster children may have income from a private source such as an insurance policy or a pension from a past parental employer or from a public source such as Workmen's Compensation or veteran's benefits. Third, the federal government contributes support for AFDC foster children who have been removed from their homes by a court order. Fourth, the state reimburses maintenance costs for all needy (AFDC) foster children.

Parental Fees. Parental "user" contributions are very small because generally only the very poor use the foster care system. Although the statutory standard for dependency describes very general criteria of parental neglect, abus immorality or lack of care that might apply in families from all income levels, the vast majority of foster children in California come from AFDC-eligible families. In fact current funding practices virtually insure that only such children are served through the public system. Children of wealthy or middle class families are seldom removed from their homes by the Juvenile Court. Their family problems are more easily resolved by access to the homes of friends and relatives and purchase of psychiatric and counselling services in the private sector, rather than by reliance on the public foster care system. Out-of-home services for the non-poor are provided by private boarding institutions (military schools, summer camps, private mental hospitals, etc.) not by state or county governments. Counties have begun making greater efforts to collect support payments from the parents of children in foster care but the poverty of most families whose children become fosterchildren substantially limits the results of these efforts. User fees are most often associated with parents who voluntarily place their children in foster care. These parents pay on a sliding scale based on their income.

Child Fees. Child "user" contributions are collected by the counties when foster children have a source of income other than their parents. The personal earnings of the child are exempted if the child is under 21 and a full-time student or at least a half-time student without a full-time job. The most common sources of income to foster children are insurance policy benefits, pension benefits, veteran's benefits, Workmen's Compensation and Social Security benefits. The amount of reimbursement to the county for foster care maintenance from this source is again very small, probably under 5 percent.

The Federal Share. All Federal funds for foster care in California are provided through the AFDC program /Title IV-A of the Social Security Act (SSA)/ and are availableto reimburse county expenditures for both "maintenance" and "services". Section 408 of the Social Security Act states criteria for Federal AFDC foster children and requirements which the state plan for all needy foster children must meet in order to qualify for any Federal foster care reimbursement. In order to be eligible for Federal aid, a foster child must: (1) meet the Federal AFDC eligibility requirements at the time he left his biological family; (2) have been removed from the home of his family "as a result of a judicial determination to the effect that continuation therein would be contrary to the welfare of such child" and placed in a "foster family home or child-care institution as a result of such determination," (3) have his "placement and care" be the responsibility of the state or local agency which is administering the state AFDC plan, and (4a) have received or would have received, if he had applied, state AFDC aid during the month in which proceedings were initiated, or (4b) have lived with a relative with whom he could have received state AFDC aid within six months of the proceedings.[13]

According to the federal law, to qualify for reimbursement under Title IV-A of the Social Security Act the state must submit a foster care plan that is approved by HEW and provides for: (1) placement only in licensed foster homes and institutions, (2) "development of a plan for each child. . .to assure that he receives proper care," (3) "development of a plan . . . to assure that . . . services are provided which are designed to improve the conditions in the home from which he was removed or to otherwise make possible his being placed in the home of a relative,"

(4) "periodic review of the necessity for the child's being in a foster family home or child-care institution," and (5) maximum use of state or local "child-welfare services," funded under Title IV-B of the Social Security Act . In addition, HEW regulations require that specific criteria for determining the amount paid for care in foster family homes and child-care institutions be established and that institutions not be reimbursed for "overhead"costs.

The contribution to maintenance costs by the federal government varies from state to state. The percentage of federal reimbursement for eligible foster children is given in four sections of the Social Security Act that allow state officials to choose between two formulae in calculating their percentage of Federal reimbursement. Both formulae depend on the per capita income of the state (poorer states getting a higher percentage reimbursement); the most significant difference in the formulae is that the Title IV-A "Federal share" percentage ranges between 33-1/3 per cent and 66-2/3 per cent of the first $100 spent per child while the Title XIX "Federal medical assistance" percentage varies between 50 per cent and 83 per cent and has no dollar limit per child. California (a rich state in per capita income) uses the "Federal medical assistance" percentage and receives 50 per cent reimbursement of each county's average maintenance payment for each foster child who is eligible for federal aid under the criteria already stated.

The State Share. The major source of state fund for foster care maintenance payments is the state contribution to counties under the AFDC program. The federal legislation delegates authority to each state to determine the poverty level of "need" for AFDC eligibility in the state. In California, the AFDC poverty level for a family of four is $3864 per year. In California, "needy" children living in their own homes are eligible for AFDC payments administered by the county. The three tiers of government contribute to these payments -- 50 per cent federal, 33-3/4 per cent state and 16-1/4 per cent county. If a "needy" child is placed in foster care, the state continues to reimburse the county for the child's maintenance whether or not the child has been removed from home under court order. Thus, maintenance costs for "needy" foster children are reimbursed by the state but only costs of those placed by a judicial determination are also reimbursed by the Federal government. Because of the "judicial determination" requirement by the federal government, only 43 per cent of the needy foster children in California receive federal reimbursement for maintenance.

The amount of state contribution to the maintenance of needy foster children depends upon whether the child is also eligible for federal support.

Other state programs channel money to foster children who are not eligible for state aid under the AFDC program. The sources of state aid for children with special problems are: (1) Short-Doyle funds for mentally ill and mentally retarded children who are placed in residential treatment centers; (2) California Youth Authority (CYA) funds for delinquent children placed in foster homes; (3) Department of Health funds for handicapped children placed in residential medical facilities; and (4) Department of Education funds for children who are unable to participate in regular school programs. Foster children make up only a small portion of the recipients of these state funds for special services.

The state contribution for AFDC children is specified in the Welfare and Institutions Code of California (WIC). The state contributes to the support of all children it defines as qualified for Federal AFDC money. However, the state is only concerned with the first $120 of average maintenance expenditure for "needy" foster children. After subtracting the Federal contribution to this $120 when a child is eligible to receive it, the state pays 67.5 per cent of the remaining foster care payment. This means that in counties whose monthly payments average $120 per child or more the state contributes a maximum of $81 per month for a "needy" child, who is not eligible for Federal support, and $40.50 per month for a "needy" child eligible to receive Federal money. The state contribution to total foster care costs is actually quite small since 89 per cent of the foster children in California live in counties with average maintenance payments above $120 per child, and the average expenditure for maintenance in the state is over $200.

The state eligibility standards for "needy" children incorporate federal AFDC requirements in order to get federal AFDC reimbursement. The standards whch county social service agencies use to determine eligibility are given in the SDSW Eligibility and Assistance Standards Manual, a 300 page document that attempts to interpret California legislative intent in conformance with court decisions and HEW regulations for Federal reimbursement under the AFDC program.

Because of limited federal and state funding of foster care programs, the county becomes responsible for providing the major portion of foster care maintenance payments. For example, in Los Angeles County, which contains almost 50 per cent of the AFDC foster children in the state, the breakdown of maintenance costs for AFDC foster children in 1973 was: Federal - 15 per cent, state - 32 per cent, county - 53 per cent.[14] There are a number of reasons why the county pays the largest portion of foster care maintenance costs.

(1) There are probably 1,000 - 2,000 foster children in California who are not AFDC-eligible and therefore receive neither state nor federal aid. The money to support these children is provided entirely from county funds, (general assistance payments) and from "user" contributions received from parents and children.

(2) As of July 1, 1973, there were 30,919 "needy" foster children in California, dependents and others.[15] Only 43.1 per cent of these were removed from their homes under court order and were therefore eligible for federal aid. Thus, the federal government contributes to the support of only about 40 per cent of the foster children in California, and pays only 50 per cent of the cost of their maintenance.

(3) The state contributes a maximum of $81 for needy foster children and $40.50 for needy foster

children removed from their homes by a court order. Since the average BHI payment in California for June, 1973 was $200.64,[16] it is easy to understand why the counties pay the major cost of foster care despite state and federal contributions.

Funding for Services

The second funding system within federal AFDC foster care is for services. The state does not reimburse the counties for expenditures on foster care services, but is still concerned with their provision. In order to qualify for federal reimbursement under Title IV-A for foster care maintenance and services aid, the state must formulate a service plan. This plan outlines the state's role in providing maintenance aid for federal AFDC foster children and also insures that services will be provided for AFDC foster children who receive federal aid. By extension, these services are provided for all foster children who go through county welfare departments.

According to federal regulations, "services" for foster children include: caring for a child while he is awaiting placement, placing and supervising him in a foster home, counseling his parents or relatives to improve home conditions and enable the child to return to his own home or a relative's home, and annually reviewing the placement to insure that it is appropriate. Services -- usually in the form of social workers' salaries -- are paid for by the county, with Federal reimbursement for certain designated services.

The Secretary of HEW has the power to determine by regulation which services beyond those required in the Social Security Act -- family planning, child protective services and foster care -- are to be reimbursed when included in the state plan. New HEW regulations, in effect as of November, 1973, provide 75 per cent reimbursement for salaries of service workers, their supervisors and support staff and 50 per cent reimbursement for salaries of eligibility workers, administrative costs, overhead and all other costs. The new regulations specifically exclude federal reimbursement for licensing costs, an expensive part of the foster care system.

Title IV-B of the Social Security Act is intended to provide child welfare services including foster care for all children, not only those who are financially needy or meet other AFDC requirements. However, the amount of funds committed to the Child Welfare Services program has been so small -- the national appropriation has remained at $46 million for the last six years -- that support of foster care under this program can only be a token gesture. Congress authorized $196 million for fiscal 1973 but the final budget appropriation remained at the $46 million level. The House Ways and Means Committee urged the higher authorization stating:

> ...it is anticipated that a substantial part of any increased appropriation under this higher authorization will go toward meeting the costs of providing foster care which now represents the largest single item of child welfare expenditure on the county level. The bill, however, avoided earmarking amounts specifically for foster care so that wherever possible the State and counties could use the additional funds to expand preventive child welfare services with the aim of helping families stay together and thus avoiding the need for foster care.[17]

Thus, although some Congressional leaders recognize the high cost of foster care and understand why states and localities need financial help, federal government support of the program remains limited.

OTHER FEDERAL INFLUENCE

Aside from funding for maintenance and services, the federal government has little impact on state foster care programs. There are two agencies within the Department of Health, Education and Welfare -- the Children's Bureau and the Community Services Administration -- that have some responsibility for foster care, but neither provides much leadership for the states or localities. Furthermore, the influence of these two agencies has been declining during recent years.

The Children's Bureau

The Children's Bureau, part of the HEW Office of Child Development, was once an influential research and policy-formulating body, especially at the beginning of the century. At first, the Bureau supported research efforts and developed experimental programs that could be used by the federal government or states interested in solving problems relating to children's services. However, as the national government began deferring to the states for innovations and solutions as part of a general philosophy of "local response" to problems, the importance of the Children's Bureau declined. By now, the Bureau does not even collect national data on the operation of programs that affect children; as a result, no one knows the total of AFDC and non-AFDC children in foster care in this country. Independent research on children's issues funded by the federal government has virtually disappeared. The Bureau now relies on private researchers, primarily the Child Welfare League of America, for its information on the scope and dimension of foster care programs and problems. No current standardized information is collected directly from state and local governments and private agencies that operate foster care programs. The Bureau has no power over the distribution of federal foster care funds, and does not communicate directly with the administrators of state programs to influence state policies. The foster care staff of the Children's Bureau now consists of one "Foster Care Consultant" -- a clear indication of the Bureau's limited role in shaping the delivery of foster care services to children.

During recent years, the Bureau has been most involved in encouraging the establishment of local councils of foster parents and other concerned citizens to pressure government officials for reform. The Bureau has helped organize a National Foster Parents Association and a National Foster Children week, both of which generate some national publicity. More concrete attempts to support legislative change have met with no success. In 1973, the Welfare Reform Bill, H.R. 1, originally included minimum state standards that foster family homes and institutions had to meet in order to qualify for federal reimbursement under the Social Security Act. Despite the flexibility of the proposed standards, the relevant portion of the bill was quickly eliminated in Congressional debate.

The Community Services Administration

The Community Services Administration, one part of the Rehabilitative Services Administration, has responsibility for the expenditure of foster care funds under Title IV-A and IV-B of the Social Security Act. In addition, the CSA is supposed to enforce the statutory requirements of the Social Security Act and HEW regulations governing the Act. If this were done, states would be forced to develop and submit plans for each child's care and for the provision of services to natural parents to facilitate the child's return home. In addition, states would have to show that they periodically review the need for out-of-home care and the effectiveness of services to natural parents. This kind of careful monitoring is certainly not done by the federal government. Right now, the federal role seems limited by lack of manpower and interest.

There is no full-time foster care staff in the CSA in Washington. Three people have some responsibility for foster care programs as part of their larger responsibility for Title IV-A and IV-B services. But their role is limited to administration of fiscal control objectives, so that the program characteristics of various foster care systems are ignored. The CSA has no way of knowing whether plans for each child's care are developed or implemented. There is no information available on foster care programs except on the number of children receiving federal funds and the total amount of federal funds expended. For the fiscal year ending June, 1973, the federal government contributed $84.4 million for the maintenance of about 86,000 foster children throughout the United States.[18]

THE STATE'S ROLE IN FOSTER CARE OPERATIONS

The states and localities are not only responsible for the major share of foster care financing, they are totally responsible for the operation of the program. The state government in California exercises its responsibility almost solely in regard to funding. Thus, the counties -- probably the level of government least able to support an expensive, complex program like foster care -- have primary responsibility for much of foster care financing, program development and day-to-day operations, just as they did when the program first developed in the late 1800's.

Before we look at how county agencies exercise these responsibilities, we must examine the state's role in California.

Historically, foster care has been a submerged system at the state level because children placed outside their homes have been included within several programs supervised by different state agencies. Poor children were supervised by the Department of Social Welfare (SDSW), mentally-ill children by the Department of Mental Hygiene (SDMH) physically disabled children by the Department of Public Health (SDPH), and delinquents by the California Youth Authority (CYA). As of July, 1973, as part of a continuing state plan to centralize agencies with related functions, the State Departments of Mental Hygiene and Public Health and the program supervisory functions of the Department of Social Welfare were combined into a "superagency," the State Department of Health (SDH). SDSW responsibility for running the state's AFDC program was retained by the newly-labelled Department of Benefit Payments. Thus, as of now, the state's responsibility for foster care is shared between the Department of Health staff and the California Youth Authority, which is only concerned with delinquent children. Of course, some children placed out of their homes in California are not known to the state at all, because their placement is financed entirely by the county or by the family itself. By far the largest number of foster children -- and those we are primarily concerned with in this report -- were previously supervised by the Department of Social Welfare and are now supervised by the Department of Health.

SDSW supervised the foster care program for poor children as part of its general administration of the federal AFDC program even before California began participating in the federal AFDC foster care program in 1963. As a result of SDSW's liberal approach to the problems of the poor and the availability of federal AFDC funds for social service staff beginning in 1956 and continuing through the "War on Poverty" in the 60's, SDSW developed into a sprawling state network of semi-autonomous regional offices that directed the maintenance and service programs of county welfare agencies. County foster care programs supervised by SDSW were one of a variety of social services offered to AFDC families even before the AFDC foster care program was mandated by Congress in 1969.

As recently as 1967, regional SDSW offices in

Los Angeles, San Francisco and Sacramento had primary responsibility for training and supervising county social workers. Foster care was among the most sensitive and difficult of the service programs offered to the poor and so was monitored by three or four professional social workers in each regional office. These professionals trained county foster care staff and foster parents and responded to daily problems faced by the field staff. However, there was little communication among regions or any effective control of regional staffs by SDSW headquarters in Sacramento. Since record keeping and research were totally lacking, SDSW had little overall sense of the magnitude, policies and effectiveness of the foster care programs it was supervising. As a result, three "little SDSW's" developed in California, each championing its own solutions to problems.

Reorganization in 1967

The first big change in the state was the 1967 centralization of many SDSW operations which brought all family social service personnel, including the foster care staff, to SDSW headquarters in Sacramento and reduced their numbers by about one half. After this move, the relationship between SDSW and county foster care programs changed drastically. Now, SDSW leadership emphasized eligibility standards and program efficiency and the social work staff in Sacramento quickly lost contact with county welfare officials who saw the problems and deficiencies of foster care programs first hand. The SDSW foster care staff was no longer available for training and advising county foster care line staff. Communication between SDSW and the counties was now conducted through each county's high level welfare bureaucracy. SDSW's social work staff became concerned with interpreting regulations and addressing problems as perceived by state administrators, not county officials who actually administered foster care programs.

The Welfare Reform Act, 1971

The Welfare Reform Act of 1971 accelerated the transformation of SDSW's role in administering foster care programs.

> (O)ut the window went the tradition of having the Department [SDSW] run by social workers or unwitting captives; in the door marched a management-legal-fiscal-oriented team intent upon reshaping welfare into a viable system under which both the genuinely needy and the

troubled taxpayer would find equanimity and relief.[19]

At this time, the financial arm of SDSW has been relabelled the Department of Benefit Payments and its sole function is tracking and monitoring the expenditure of state funds. The program supervisory function, so prominent during the 1960's has been reduced to a token effort and absorbed into the State Department of Health. The staff is now dominated by a systems and management analysis approach; the social work staff has been replaced and direct supervision of county foster care programs has almost disappeared.

Effect on Program Supervision. The social services staff that moved from SDSW to SDH in the July, 1973 reorganization is still responsible for enforcing the service program requirements of the AFDC program and the laws and regulations that have been issued by Congress, HEW, the California legislature and SDSW. Theoretically, counties are prohibited from receiving any state or federal funds unless programs are in compliance with these official pronouncements.

However, only three staff positions in SDH are devoted to foster care programs and contact between state and county officials is minimal. During the past two years, state officials have made fourteen 2- or 3-day visits to various counties. The county visit consists of interviews with department directors and foster care supervisors but no contact with field staff. Program regulations are not reviewed with caseworkers who have day-to-day knowledge of the county program. Program characteristics are gleaned through a cursory reading of case records. In effect, state program officials report what counties want to reveal about their foster care programs. Each visit results in a short, descriptive "Confidential" report filed in Sacramento. But the counties do not see these reports and the state does nothing to correct county deficiencies. Reports indicate routinely that the county "anticipates movement toward this [required] goal." However, the state uses no sanctions or inducements to force counties to change their activities; in fact, no one in Sacramento would know if counties introduced changes to comply with regulations, until perhaps another 2-day visit is scheduled.

With almost no direct field supervision, the state staff is entirely dependent upon information reported by counties on the operation of their programs. But recently both the quantity and quality of the information received have declined. To promote efficiency, SDH system and management analysts have significantly diminished the paper flow between the counties and the state and as a consequence, have also decreased the information exchanged. Each county is still required to submit a Social Services Plan and Annual Report to the state. In past years these documents detailed the achievements, problems and characteristics of county operations. In the interest of efficiency these documents have been streamlined and now give only numbers of clients, staff positions and dollars expended. For example, in 1971 Sacramento County submitted a 63 page explanation of its social service programs demonstrating their compliance with federal and state regulations. In 1973, the county simply provided the statement that: "We certify that the Public Social Services programs will be conducted in accordance with Division 9, Welfare and Institutions Code, and the regulations of the State Department of Social Welfare."[20]

SDSW leadership has never supported social service staff attempts to police county activities and enforce compliance with laws regulating AFDC and foster care programs. Funds have never been withheld from counties for noncompliance with any program standards, even when noncompliance has been overt and deliberate. As of July, 1973, one California county persisted in not maintaining a child protective services unit although such a unit is required by both state and federal statutes and federal funds are available to support child protective services programs. The state has taken no action against the county.

Licensing Foster Family Homes. The one area in which the state is still involved is in the licensing of foster homes and institutions -- although in large measure, the state uses its power to delegate responsibility for licensing. The licensing function cannot be easily abrogated, since state licensing of all foster homes and institutions is required for federal reimbursement of AFDC foster care. Since the licensing requirement is subject to direct measurement while other requirements regarding services and planning are not, issuing a license has become the primary method the state uses to insure that a child is receiving "minimum adequate care."

Until the July 1973 reorganization, the Welfare and Institutions Code provided that SDSW must license all persons who "care for any such child [under the age of 16] in the absence of its parents or guardian, either with or without compensation."[21] Relatives or friends who cared for a child irregularly without compensation or regularly for less than three hours per day were exempt from licensing requirements. Theoretically, the statute should have been applied to paid babysitters and daycare facilities, as well as to relatives or friends who cared for a child for substantial time periods or who received financial compensation. However, SDSW licensing was restricted to persons receiving state funds or caring for children in large-scale organized operations.

Authority for licensing foster family homes (but not institutions) has long been delegated to the counties by SDSW and now by SDH. The state pays the county a flat fee of $65 for the annual licensing of each foster home; since licensing workers usually have relatively small caseloads, this state money covers only a small percentage of licensing costs. No additional federal money is provided to offset these costs. SDH certifies county welfare and probation departments to issue licenses to foster family homes. "Certification" means perfunctory approval by SDH of county government agencies that promise to implement state licensing regulations. Although the state's regional licensing offices license and supervise private child-caring agencies that certify their own foster family homes, county public agency licensing is controlled by the social service staff in Sacramento rather than in regional offices. Because the staff in Sacramento is so limited, there is essentially no supervision of county foster home licensing. Occasional visits by Sacramento staff to study county foster care operations are limited to a cursory examination of the placement and social service activities and do not typically include a special examination of licensing. On the contrary, private "homefinding agencies" are licensed and visited annually by regional licensing staff who read cases and observe operations to confirm that the private agencies are enforcing state regulations for foster homes.

Although the licensing standards for foster homes are now to be reissued by SDH to combine the former SDSW and SDMH standards, the central characteristics are likely to remain. Basically, the licensing function is broken into two parts: examination of the foster family and the personal qualifications of the foster parents, and the examination of the physical characteristics of the foster home. The state requires only a tuberculine clearance and criminal record check of prospective foster parents. The crucial question of how well prospective applicants will serve as foster parents is left to county agency discretion. County licensing workers must make their own subjective judgments about which parents are "best" within the pool of applicants in their county.

Probably because it is easier to measure, the adequacy of the physical environment is subject to a long list of specific requirements promulgated by the state. The requirements relate to the health and safety of the child within the home and the living facilities that will be provided for the child. Counties are still free to use their discretion in fulfilling these requirements -- except in relation to fire regulations. As a result, fire regulations have become a prime determinant of the supply of foster homes in any county.

The state legislature has mandated that the state fire marshall adopt regulations to cover all children's homes or institutions of any capacity.[22] Because of this mandate, foster family homes and large children's institutions are subject to the same regulations. The regulations were originally intended as minimum standards and local counties, cities or individual fire districts were free to adopt more restrictive fire standards.[23] Localities were not allowed, however, to waive state standards and adopt less strict local regulations.[24] However, some localities used their ability to adopt stricter standards to ban the location of foster homes and other social service institutions in their communities. A law adopted in ________ had prohibited local governments from adopting zoning regulations that excluded homes caring for six or fewer dependent children from any residential area, including single family residential areas.[25] In 1972 this zoning prohibition was amended to allow local governments to require conditional use permits for foster homes and to impose additional conditions which "are necessary to protect the health and safety of the residents."[26] Using this rule some local governments have taxed foster families at rates up to $50 per year, one more bureaucratic deterrent to persons who are considering applying to be foster parents. However, the 1972 legislative session prohibited the use of fire regulations to exclude foster homes from certain communities, stating that the intent of the regulations was to standardize state fire codes and thus that "no....district shall adopt or enforce any...local rule relating to fire...safety" for any building which houses a person referred or placed there for protective social care and supervised by any governmental agency.

Responsibility for enforcing the fire regulations is delegated to local welfare offices and fire inspectors. Previously, counties were allowed to have the fire inspection conducted by county licensing workers versed in the fire regulations rather than by an official fire inspector. Some counties that used their own licensing workers relaxed the standards for foster homes a bit. Consequently, licensing practices varied among counties and in April, 1973 SDSW requested that the state Fire Marshall insure that an official fire clearance is given to all foster homes and that inspections are no longer performed by licensing workers. In some counties, almost none of the already licensed foster homes satisfied the technical requirements of the state regulations. Some local fire inspectors began wholesale rejections of homes that did not meet State Fire Marshall regulations, but in most counties children remained in these homes unless gross violations were uncovered.

County enforcement of state fire regulations is still not uniform throughout California. In some counties, licensing workers still conduct the fire check and the county inspector is rarely involved in the process. Some officials fear that if the welfare department withdrew from the inspection process, too many otherwise qualified homes would be excluded because of overly stringent fire standards. Therefore, counties usually do what is expedient -- and what maintains the supply of foster homes -- within guidelines set by local fire inspectors. Foster parents and the agencies with responsibility for placing children have repeatedly urged less restrictive standards, especially since most non-foster children live in homes that would be unacceptable under the strict foster home regulations. The state on the other hand, because it has greater responsibility for foster children than other children, holds that its stringent fire safety standards are reasonable.

Licensing of Group Homes and Institutions. The state does inspect and license children's institutions, rather than delegate such responsibility to the counties as it does with foster family homes. But even though the state performs the licensing function, it still has little control over the actual operation of institutions. The statutory goal of licensing is to guarantee that all facilities caring for children will provide safe and effective nurturance and care to aid the development of children with special needs. However, licensing regulations previously developed by SDSW, SDPH and SDMH now in effect under SDH, are not really designed to insure that effective and efficient programs of institutional care are provided to children.

Perhaps the clearest way to understand the state's role in licensing institutions is to describe what the state does not do. Despite the lengthy application and time-consuming application process, the state has not developed criteria for assessing the program and services offered by any institution. Thus, it has no standard against which to judge an institution's proposed plans. Moreover, the state does not assess the actual operation of child-caring institutions. State monitoring of institutional performance is limited to a required annual inspection. The amount of actual contact with an institution varies according to previous experiences and informal feedback from counties that use the institution. However, a typical annual inspection consists of an observation of meal service(usually lunch or a day time snack because of the nine-to-five hours of the licensing staff), a walk-through tour of the physical site conducted by the director, and a sampling of case records. The cases are read to confirm that quarterly progress reports are filed and basic services such as medical and dental care are provided.

The state also does not determine how children and institutions are matched. The decision to place a child in a residential or treatment facility and the specific institution chosen are purely county decisions -- often the decision of one social worker. Once placed in the institution, the care given to the individual child and his response to treatment is again the sole responsibility of county casework staff. The state is involved only in looking over case records to verify that quarterly case reports for each child are written and filed. There is no examination of individual case histories, the treatment given individual children, or the outcomes of residential care. The state has made no attempt to construct any performance measurements of the responses of different types of children to different kinds of care and treatment.

One of the most serious deficiencies in the current state role -- one that is perhaps more possible to correct than the state's limited program evaluation -- is the virtual omission of any type of cost accounting. The state makes no attempt to break down the expenses of an institution and relate those expenses to the services offered for children and the board rates charged to counties. The rate charged for placement is negotiated by the county in which the institution is located and must be approved by the county board of supervisors; the state is not at all involved in the negotiating or rate-setting process.

Every county welfare agency is supposed to pay the same board rate when it places a child in a given institution.[28] But since county probation departments and private child-placing agencies are not included in this requirement for rate uniformity, they can negotiate higher and lower rates than those paid by welfare agencies. In fact, the rate uniformity requirement is only periodically enforced even for welfare agencies. Many institutions charge a higher rate for out-of-county children than for children from their home county, even though state regulations prohibit this practice.

The state's refusal to take responsibility for rate-setting and fiscal accountability with regard to institutions has forced counties to act on their own. Supervisors and line staff from 17 counties in the San Francisco Bay Area have formed the Bay Area Placement Committee (BAPC) and now negotiate jointly with institutions about rates and programs.[29] The BAPC has become the rate-setting body for most of 200 group homes and institutions throughout California, although the legal basis of this power has often been disputed by institutions, especially proprietary ones. Technically the BAPC is an arm of the Association of Chief Probation Officers and derives its power from them. The BAPC asks each institution to complete a Budget Form for each year; if an institution refuses, BAPC counties no longer refer children to that institution -- a serious financial loss for any institution. After the budget form is completed, BAPC officials and institution staffs go through an analysis and negotiation procedure to determine a rate acceptable to all parties. If institutions are uncooperative at this stage, BAPC members can once again threaten a boycott.

Boycotts are not altogether successful, however, since communication among counties and among various agencies within one county is limited. Often, because a county cannot effectively communicate its reasons for boycotting a specific institution, other counties or agencies may continue to place children there. In fact, if a large county like San Diego or Alameda chooses to boycott an institution, other counties are especially likely to place children there -- since spaces may be available for the first time. Blacklisting then exacerbates the problems of a county that seeks adequate institutional care, without forcing the quality of care provided by substandard institutions to improve.

More importantly, the state does little to encourage or improve the flow of information between institutional suppliers and county purchasers. State sanctions imposed on institutions are almost nonexistent. Because of complicated administrative hearing procedures, only one or two institutions have their licenses revoked each year; thus, the threat of revocation is not serious enough to force institutions to comply with state regulations.

Effect of State Reorganization on Licensing. The state's various licensing functions will be centralized in the Department of Health which will have seven regional licensing offices to handle a wide variety of service institutions: clinics and dispensaries, hospitals, establishments for the mentally disordered, mentally retarded and other incompetent adults and children, homefinding agencies that select family homes for these persons, county medical facilities, establishments for handicapped persons, home health agencies, certified family care homes for patients on leaves of absence from state hospitals, county psychiatric hospitals, county adoption agencies, certified nonprofit hospital service plans and residential institutions for children.

Until December 1972, each licensing worker specialized in one type of facility such as homes for the aged or children's group homes, and developed an expertise in evaluating and comparing the programs and operations of institutions of one type. However, as SDSW became more concerned with management efficiency, licensing workers became "generalists" and had responsibility to license institutions of all types within a geographic area. As the functions of SDSW, SDMH and SDPH are consolidated, licensing workers may become responsible for an even more varied set of institutional facilities. As it becomes more difficult for state licensing workers to gain familiarity with a specific type of institution, they are also faced with increasing caseloads. These two developments make it unlikely that the state will assume greater responsibility -- such as requiring institutions to demonstrate fiscal and program accountability -- when licensing group homes and institutions for foster children.

Major Effects of Centralization

The centralization of foster care staff in Sacramento which has influenced the state's program evaluation and licensing functions, has had one unexpected result. The bureaucracy's attention to the financial costs of AFDC foster care has spurred a long overdue attempt to collect data and document how foster care funds are actually spent.

The State Social Welfare Board Report. The State Social Welfare Board began an investigation of the AFDC foster care system in 1971 which culminated in a report called Children Waiting issued in September, 1972. This report, the first major research on foster children done by the state in the last fifteen years, reveals both the lack of data on the operation of the foster care system and the inability to determine what happens to children once they enter the system. The report, which shows a startling scarcity of data at the county level can only be considered an "indicator" of what counties are doing. The report did not examine any of the state's foster children who are in programs not funded by SDSW; in fact there is no way to determine accurately how many such children are in California.

The report recommended 38 changes in SDSW policy; state foster care staff responded that most of the recommendations were already required by regulations issued to counties, but were rarely enforced. The report did not result in any immediate changes in SDSW policy or enforcement of regulations. However, it did awaken interest in the foster care system and stir legislative response--especially with regard to the way the system is financed. An Assembly Committee on San Diego Foster Care Programs held 3 days of public hearings in October 1972 in which witness after witness recounted tales of bureaucratic tie-ups, irrational agency policies, inadequate funding and nonexistent services. In short, many California legislators were shocked at the level and quality of parenting the state was providing for its foster children.

As a result of these hearings and continuing pressure from the California Children's Lobby, the Senate Welfare Committee requested that the Joint Legislative Audit Committee, the investigative arm of the state legislature, complete a full report on children cared for outside their own homes in California. Two reports have already been issued by the Audit Committee: "Report on Foster Care in California," June, 1973 and "Report on the State's Role in Foster Care in California," January, 1974.

The Joint Legislative Audit Committee's Reports. The first report described the foster care system in California, with special emphasis on funding. The Audit Committee staff conducted interviews with federal, state and county officials throughout California and surveyed 415 case histories from eight counties that make up 60 per cent of the state's population.[30] The report contained three major findings: "(1) An estimated $18 million in available federal reimbursements has not been claimed; (2) Current foster care financial arrangements discourage the placement of foster children with relatives; and (3) The foster care program is made up of an overly complex array of authorities and responsibilities."[31]

The first finding -- obviously the most explosive in a welfare system that is continually strapped for funds -- is based on the fact that AFDC children who are placed in foster homes after the Juvenile Court has found them to be "incorrigibles," under Section 601 of the Welfare and Institutions Code, or "delinquents," under Section 602, are not now eligible for federal reimbursement. According to the state, eligibility for federal AFDC foster care funds is based on a judicial determination that removal of a child is necessary for the child's welfare, and, therefore, only applies to Juvenile Court dependents. AFDC children who are removed from their homes by the court because of delinquent or "pre-delinquent" behavior, are not considered eligible under the federal standard. The Audit Committee, on the other hand, believes that if the child is from an AFDC family, a court order of any type issufficient for federal eligibility and reimbursement. Under their scheme, approximately 2,600 additional children in California should be eligible for federal foster care money:

> The $3.8 million in federal reimbursements that has not been claimed for 1972-73 has resulted in the unnecessary expenditure of $1.5 million of state and $2.2 million of county funds. Since this claiming deficiency has existed since the inception of the federal policy to share in the cost of foster care (January 2, 1967), the loss of federal reimbursements amounts to an estimated $18 million for the 6 1/2 years ended June 30, 1973.[32]

The second finding, which has been well-documented by many social service department personnel, is that relatives who care for children are not paid the same board rate as foster parents. In California, when relatives act as foster parents, they receive financial support for children under a completely separate state program, one in which support levels are substantially lower than those in the regular foster care program:

> In contrast to the $48 to $115 per month payment range for one child placed with a relative...foster parents in the BHI program [non-related foster parents] receive an average of $138 per month per foster child.[33]

Families are assumed to have a "moral duty" to care for children of relatives and as a consequence, are not provided adequate financial support. Thus, people who might be encouraged to open their homes to children of relatives -- and maintain important family ties -- are actively discouraged from providing such care because of the financial structure of the foster care program. A caring relative can easily see that a child will be supported at a higher level if he or she is placed with strangers. In effect, the state regulation that defines different payment levels for foster parents and relatives goes against the rhetoric of the Social Security Act and State Welfare and Institutions Code that proclaims reliance on the family unit for childrearing.

The third finding in the Audit Committee's Report is certainly understandable, given the maze of governments, agencies and officials that administer foster care programs in California. The Audit Committee pointed to three serious effects of fragmentation and overlapping of responsibility for foster care: tremendous fluctuations in board rates from county to county; uneven and unequal provision of services and low visibility of program costs and population served.

The second report of the Audit Committee staff, released six months later in January, 1974, was specifically concerned with the state's role in foster care operations. The Committee noted many of the deficiencies in state monitoring of foster care: lack of statewide statistics on such important characteristics as reasons for placement, duration of placement and health of the child in placement; insufficient staff to oversee counties' foster care programs; absence of state-developed foster parent training programs; lack of uniform state foster family home rate schedules and state criteria to determine caseload size for foster care workers.

In addition, the second report deplored the finding that many children remain in foster care arrangements for long periods of time, with no attempt made to find more stable long-range alternatives. Specifically, the Audit Committee claimed that at least 8,000 foster children under age six are not likely to be reunited with their natural parents and are thus, potentially adoptable. Moreover, if county adoption workers concentrated on finding permanent homes for these 8,000 children, the state and counties could save an estimated $29 million annually. However, the second report noted two significant barriers to expanded adoptions: county adoption workers with large caseloads have little time to work with foster children, foster parents and potential adoptive parents to develop permanent homes for children; and welfare departments have very limited legal staffs and limited access to legal assistance needed to bring termination of parental rights proceedings in court.

As expected, the Audit Committee's reports were primarily concerned with funding mechanisms and money-saving recommendations. This makes sense partly because the auditors were most interested in how government money is spent and partly because legislators are often more startled by the costs of certain operations than by their program characteristics. The Auditors' survey, however did focus much-needed governmental attention on how foster care is managed and delivered in California, and once again confirmed that the system is complicated and often confusing. Moreover, the reports made it quite clear that record-keeping is haphazard and usually incomplete. Because the Auditor's reports are based on such limited information, they cannot be taken as a true reflection of the current foster care situation in California.

Chapter III. THE COUNTY APPARATUS

In spite of the complex federal and state governmental apparatus surrounding the foster care system in California, major responsibility for the system rests at the county level. Within the tangle of federal and state responsibility, the crucial importance of county decisions has already been seen: the county sets the payment rate for foster parents and institutions, determines how responsibility should be shared between the probation and social welfare departments, and provides day-to-day casework services for children in foster care. The county probation and social welfare bureaucracy oversees the process by which children actually enter the foster care system, whether the Juvenile Court decides they are "dependents" in need of care or their parents voluntarily decide to place them out-of-home.

DEMOGRAPHY

Who Are the Foster Children?

Describing the children served through county foster care systems is not easy. Individual counties note that most children in their foster care caseloads are from AFDC families. This is probably true because poor families in trouble rarely have access to private resources and aid. Also, federal and state funding policies make it unlikely that non-AFDC families get served through public agencies. Social welfare research has also found that most foster children are quite young at the time of removal from parental custody; a majority are probably six years of age or under.[1]

Although each county welfare administrator may have some sense of his or her foster care population, no statewise analysis has been done to describe exactly who gets served through the public foster care system. The state-wide reports already discussed, the State Board of Social Welfare's Children Waiting and the Auditor-General's reports, had to rely on incomplete county data. Since statewide information was unavailable, the State Board of Social Welfare, to generate data for their study, reviewed 533 cases from seven counties[2] whose combined caseloads represented 70 per cent of the state's total caseload. The number of "unknown" responses to many questions--in some instances, as high as 30 per cent--was especially striking and makes it extremely difficult to use the data in this report to describe accurately the California foster care population.

In addition, the statistical methods used in the Auditor-General's second report to generalize data from a few counties to the state as a whole cannot be considered totally reliable. The data was based on a survey of 317 cases in six counties[3] that together account for 60.1 per cent of the total AFDC-BHI caseload in the state. Since the total AFDC-BHI caseload of these six counties is 18,576, the sample covered approximately 2 per cent of the total in each county. The sample data was then projected to each county's total caseload and the individual county totals were added to produce a weighted six-county average. In some parts of the analysis, this already-rough figure was extrapolated to the state's total AFDC-BHI caseload of almost 30,000.

In spite of the unreliability of statewide figures, two facts about the foster care population in California are clear:

(1) Foster children are primarily children of the poor. Many are from single-parent families. The Auditor-General's report estimated that of the total foster care caseload in California (over 30,000 at that time), only approximately 1,000 children (.03 per cent) were not from AFDC families. Since the state only contributes

to the support of AFDC foster children,

number of non-AFDC foster children must be estimated; but based on sample county records, the Audit Committee believes this figure cannot be much greater than 1,000.

(2) About half of the children in foster care are placed there by order of the juvenile court; one-half are voluntarily placed by their parents or guardians.

Reasons for Foster Care Placement

The reasons for which children enter care are also not easy to pinpoint. A recent New York City study noted the following common reasons: physical illness or incapacity of the child caring person; mental illness of mother; child's own emotional or personal problems; severe neglect or abuse; a constellation of other family problems including incompetence, conflicts in the household and unattended children.[4] The California Social Welfare Board's report noted: "The most frequent primary reason for placement of the child was neglect."[5] However, none of these categories is clearly defined. Moreover, commentators do not separate cases that come to the attention of the juvenile court from those in which the child is placed at the parent's request.

According to social welfare and probation department personnel throughout California, most children enter foster care because of a variety of family troubles; in fact, many social workers and probation officers note that the need for foster care is just one of a number of symptoms of family decay. Many of the families whose children enter the foster care system cannot handle the stresses and strains of modern life; when parents fall victim to alcoholism, drug addiction, physical or mental illness, their children suffer greatly. However, one of the most serious problems facing troubled families is their inability to seek and receive help -- and the welfare bureaucracy's inability to provide the variety of services and aid that families need.

In many cases, services that might obviate the need for out of home placement are simply not available through public agencies. Because of the way federal and state responsibility for children has been exercised, alternatives short of removing the child from parental custody have not developed. Because these alternatives are now unavailable, public agencies continue to remove children from their parents without developing the means to protect them within their homes or to strengthen families once children are taken away. The lack of service alternatives damages families and the agencies that serve them:

> When children's agencies maintain a foster care program which is not linked to preventive supplementary services, the likelihood is increased that the court and the agency will develop maladaptive ways of meeting their shared responsibility for children...Clearly, if some of the problems in foster care are to abate, agencies must find ways to develop supplementary services and offer them to families before court actions in relation to dependency, neglect or delinquency have occurred.[7]

County juvenile court-social welfare systems in California have only limited ability to deal with family problems, partly because they maintain foster care programs without offering preventive and supplementary services to families. Agencies that deal with children act in a service vacuum and, as a result, tensions pervade the system:

1) Because adequate, varied services are not available, courts can remove children from parental custody without requiring the social welfare system to show that the child cannot be protected within his or her own home. Thus, the court often chooses the most drastic remedy for family problems, because less drastic alternatives are not available through the public system.

2) Once children are removed from their parents, little attention is paid to reuniting families, because the services needed to reconstitute and strengthen troubled families are not available through the public system.

3) After children are placed outside their own homes, social welfare practitioners rarely attempt any long-range planning, partly because the services that would be needed to effect any plan are not available through the public system.

4) Many children remain in foster care because the social welfare agency does not investigate the possibility of developing more stable arrangements for them. At present, it is difficult to demonstrate the probability of a child's eventual return to his natural parents, since action is rarely taken to help natural parents solve the problems that initially

led to out-of-home placement. Moreover, the juvenile court's review process rarely asks whether services have been provided or gauges their effectiveness in solving family problems that led to placement. Without services available and provided through the public system, demonstrating the rehabilitative potential of natural parents is impossible. Because it is so difficult for social workers to say with certainty whether or not a family can be reunited, courts rarely push to terminate parental rights and develop long-term custody arrangements for foster children.

THE PLACEMENT PROCESS

Until alternative responses to family crisis and strong institutional and administrative commitment to family reunification are developed, the foster care system will not change significantly. In describing how children and families now become involved in the dependency and out-of-home placement system, we will be primarily concerned with three issues:

(1) When are crucial decisions made? By whom? Based on what information?

(2) Who is speaking for the child? His parents? The Agency?

(3) How does the organizational structure promote or hinder decision-making?

The process of becoming a dependent or being voluntarily placed in foster care is complex and varies from county to county. We will attempt to include some of the statewide variation in our description (and postulate about some of the possible causes for the variation), but on the whole, we will attempt to show the "typical" pattern of foster care arrangements throughout California. When the juvenile court is involved, the process can be divided into a series of concrete stages, based largely on the determinations the court makes along the way. We will discuss the following steps in the process:

1. Identification of the child and/or family
2. The Detention Hearing & the Investigation
3. The Jurisdictional Hearing
4. The Dispositional Hearing
5. The Placement Decision

As we have already noted, some children enter the foster care system without going through the juvenile Court process; for these children the stages telescope to three:

1. Identification of the child and/or family
2. Consultation and Agreements with Parents
3. The Placement Decision

The Juvenile Court Process [illegible]

Identification. Cases"--either children or their families or both--are referred to county governmental agencies (either the social services or probation department) from a number of sources: the police, Department of Social Services AFDC or Protective Services workers, community mental health agencies, public health organizations, physicians, teachers, relatives, neighbors, or absent parents. In general, the type of problem facing the family determines who will bring the case to the attention of the appropriate authorities. For example, a doctor or nurse will report suspected cases of child battery or abuse to the social services department; in some communities, a teacher who notices that a child is often ill-clothed or hungry may contact the social service department. A law enforcement officer who finds a young child roaming the streets alone may bring the child to juvenile hall before trying to contact his or her parents.

Many cases that come to the attention of intake and placement units of social service departments come through inter-agency referrals. This is true because most children who enter the foster care system in California come from families that are already known in some other regard to social service departments. Since the majority of foster children come from families receiving AFDC payments, they already have a connection to social service departments through their eligibility workers[8] and the county's income maintenance division. Thus, when these families are in danger, someone with agency ties is often close by and willing to refer the case for out-of-home placement.

More serious cases often go through the Child Protective Services system before they enter the out-of-home placement system. Child Protective Services, first established under Title IV-A of the Social Security Act are designed to:

> ...provide protective services (to children) to the fullest extent deemed necessary by juvenile courts or probation department... to insure that the rights or physical, mental or moral welfare are not violated or threatened by their present circumstances or environ-

> ment. Such essential services may be provided irrespective of whether the child or the family is otherwise known to the responsible local agency.[9]

Protective services workers (most large counties have separate Child Protective Service units) actually go out into the field and try to protect children within their own homes. By law, this service must be available for all children in a state, not simply those whose families are receiving AFDC payments. However, given the limited financial resources of county welfare departments, protective services units remain small and therefore are usually unable to extend support to many families. In Sonoma county, for example, from January to March, 1973, 211 cases were referred to Protective Services for the following reasons:[10]

	Number	Percent of Total
Sexual Abuse	4	1.9
Physical Abuse	22	10.4
Intentional Deprivation	3	1.4
General Neglect	179	84.3
Other	3	1.4

Obviously, the general nature of these categories makes it difficult to pinpoint the specific reasons families become known to Protective Services units. Referral sources, however, are somewhat clearer. During the same time period in Sonoma County, referrals[11] came from the following sources:

Percent of Total	Number	
30.8	65	Welfare Department (eligibility, service workers)
5.7	12	Probation Department (If a court petition is not filed or not sustained and the probation department still thinks there is a problem with the family)
10.0	21	Law enforcement (the nine police jurisdictions in Sonoma County)
14.2	30	Schools
.5	1	Public Health Nurse
.9	2	Day Care Center
4.7	10	Physicians, Hospital
6.6	14	Neighbors
3.3	7	Absent Parent
9.5	20	Member of referral family in residence (a grandmother who lives with the family, for example)

Percent of Total	Number	
7.6	16	A relative not in residence
1.4	3	Anonymous
4.7	10	Other, including community agencies

One of the major problems faced by protective service workers -- and one of the reasons protective services may often be a route to out-of-home placement rather than a deterrent -- is the limited financial resources supporting protective service provision and the severity of problems in families that require services. At present, many children who come to the attention of protective service units are severely abused, or in situations of potential physical danger. Often, although the problems underlying such situations may be resolvable, little time and few resources are available for the family; thus, because protective services have failed (or in some cases, have not been given a chance to succeed), a child may be referred for out-of-home placement.

After a referral has been made from any source, the probation or social welfare department (depending on the county) has two judicial days (48 hours) in which to file a dependency petition. Not all referrals result in the filing of dependency petitions and subsequent out-of-home placement. For example, during calendar 1973, petitions were not filed in 57 percent of the cases[12] referred to the Family Intake Division of the juvenile probation department in San Francisco County; these cases were either closed at intake (i.e., not enough information to sustain a petition, a misunderstanding about the family's situation, a temporary babysitting case), referred to other agencies or back to social service workers or informally supervised by probation officers, without a finding of dependency, for six months.[13] In Alameda County petitions are usually filed in about one-third of the cases referred to the Investigations Unit.[14]

Detention and Investigation. A typical dependency case requires that the juvenile court go through a sequence of steps. Even though the court makes a series of decisions, its actions are largely based on reports, recommendations and decisions from other agencies. After welfare or probation officials decide that a petition should be filed, the Court must next decide whether or not the child should be detained in "protective custody" pending further court action. When a minor is detained, the parents must be immediately notified,[15] and a hearing must be held by the next judicial day.[16] County practices vary widely; a probation officer may investigate the circumstances of the minor before the detention hearing[17] or the hearing may be conducted solely on the basis of a police report and the petition.[18] The statutory standard to determine whether a minor should be detained, is whether "further detention of [the] minor is a matter of immediate and urgent necessity for the protection of such minor or the person or property of another."[19]

The detention decision can be a very critical one. The next jurisdictional hearing might not take place for three weeks[20] and the hearing regarding whether a child should be removed from parental custody often may not take place for an additional two weeks.[21] The time a minor is detained may be extended even further to suit the convenience of the parents;[22] to enable the parents to get counsel;[23] to allow a party to get an unavailable and necessary witness;[24] or for other good reasons.[25] Detention, especially for a long time or if the child is young, may cause the child serious emotional trauma. However, judges and referees are likely to be cautious and detain the child, especially if abuse is suspected.

When a child is not detained, parents are in a sense given a second chance; they have an opportunity to improve whatever negative conditions are alleged to exist and show at the initial dependency hearing that the child is safe and doing well at home and thus should not be placed under the court's jurisdiction.

At this point in most counties, prior to any further court action, a probation officer or social worker investigates the family's circumstances and the immediate situation that led to referral. The investigator's report often has three parts: (1) A face sheet with vital information about the case and the immediate situation that brought the child to the attention of authorities, (2) A social history of the child and the family, and (3) A description of the family's present circumstances. If the child is being detained in protective custody, the investigations unit has 15 judicial days in which to conduct a study and bring the case to court; if the child has been sent home prior to the court hearing, the unit has 30 calendar days. Either of these time limitations can be extended by asking the court for a continuance in order to complete the investigation. Since continuances are routinely granted, some children stay in detention facilities awaiting a hearing for many weeks--in spite of the fact that they may have not done anything to warrant incarceration.

The Jurisdictional Hearing. In the jurisdictional phase of the juvenile court's deliberations, the court seeks to answer one question: "Is this child a person described under Section 600 of the Welfare and Institutions Code?" The court will answer this question affirmatively and take jurisdiction over a child when the petitioner (the probation or welfare department) proves that one of four situations described in the Welfare and Institutions Code exists:

> § 600. Persons within jurisdiction of juvenile court: Persons subject to adjudication as dependent child.
>
> Any person under the age of 18 years who comes within any of the following descriptions is within the jurisdiction of the juvenile court which may adjudge such person to be a dependent child of the court.
>
> (a) Who is in need of proper and effective parental care or control and has no parent or guardian, or has no parent or guardian willing to exercise or capable of exercising such care or control, or has no parent or guardian

actually exercising such care or control.

(b) Who is destitute, or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode.

(c) Who is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality.

(d) Whose home is an unfit place for him by reason of neglect, cruelty, depravity, or physical abuse of either of his parents, or of his guardian or other person in whose custody or care he is. [Amended by Stats 1971 ch 1729 § 1; ch 1748 § 64.5]

In some cases, often when the child has been abandoned, jurisdiction is not contested by parents; however, the percentage of contested cases has been increasing. In Alameda County, for example, about 40 to 50 per cent of the juvenile court's dependency proceedings are currently contested.[26]

THE DECISION-MAKER. The jurisdictional hearing is held before a judge of the county superior court, a juvenile court referee or a commissioner. Ironically, although decision-makers generally agree that dependency is one of the most difficult issues they face in court, a referee or commissioner rather than a judge[27] often makes the determination. Before 1971, a non-lawyer could be appointed a referee if he had had five years experience as a supervising probation officer. Referees appointed after 1971 must have practiced law for 5 years.[28]

The presiding juvenile judge may assign whatever cases he chooses to the referee or commissioner; the only limitation on this power to delegate is that the judge must give final approval to any out-of-home placement.[29] Rarely does a judge hear all dependency matters except when the county is too small to have a referee. The judge might hear all dependency proceedings except detention hearings and annual reviews,only contested hearings, or only rehearings. When a referee hears a case and no court reporter is present, parties are entitled as of right to a rehearing before the judge.[30]

Juvenile court judges and referees rarely have any social welfare or psychological training, and the development of judicial expertise in juvenile law is hampered in many counties by a rotating judge system. Moreover a juvenile court judgeship is considered by many to be an undesirable, low-status position, and thus is often filled by a county's less experienced judges. Recently, however, a number of juvenile court judges who have chosen to stay in this field have developed reputations for being extremely knowledgeable and competent.

THE PETITION. The court's jurisdictional decision is based on the petition, usually filed by the probation department, which describes why a child is believed to be a person described by Section 600 of the Welfare and Institutions Code. The petition is usually prepared by the investigating probation officer or social worker. In most counties, the investigating officer presents the facts of the case. However, the county counsel or district attorney may be called in to perform this function. In a few counties, a court officer presents the facts in all cases that come before the juvenile court.

A number of delicate problems are involved in the wording of petitions. A worker may either phrase the allegations as negatively as possible, or allege the minimum to insure that the court will take jurisdiction. Allegations may be tempered either as part of a bargain between parents and social workers or to make them easier to prove in court; for example, an allegation that a father had sexual intercourse with his step-daughter might be rephrased to say that the father fondled the child in a lewd and lascivious manner if that were easier to prove.

A similar problem concerns how many allegations to make. Typically social workers believe that all the aspects of unsatisfactory parental behavior should be included. A court ruling on several points of contention helps the worker convince the parent that each problem exists and requires attention. Also, if a number of allegations are found to be true, it is easier for a social worker to keep the child away from his or her parents until the worker feels reunification is desirable. For example, if a mother is imprisoned and is also arguably an unsatisfactory parent for other reasons, it is only necessary to allege her incarceration to sustain a 600 petition. However, a social worker may wish to allege unfitness as well, so that upon release from prison, the mother will not be able to get the child back without correcting whatever other problems were alleged.

Although jurisdiction can only be taken by the juvenile court after the allegations are established by a preponderance of evidence that would be legally admissable in a civil trial, "any matter of information relevant and material to the circumstances or acts which are alleged to bring [the child] within the jurisdiction of the juvenile court" may be received in evidence.[31] Thus, technically incompetent evidence may be admitted at the judge's discretion, as long as it is not considered by the judge when he makes his findings. As a result, a court may and often does admit any evidence that seems related to the allegations in the petition.

Among the evidence which a court _may_ consider is a social study prepared by either the probation department or the social welfare department, a report that is notoriously replete with hearsay. It typically contains statements from neighbors, teachers and relatives, the worker's description of the home, and accounts of contacts with the parents or child. This report is required for the later dispositional phase of the proceedings,[32] but the court may read it before the jurisdictional findings are made, as long as the judge makes the jurisdictional determination independent of the material provided in this report.[33] Some judges will not read such a study before the jurisdictional hearing despite their right to do so, believing that [illegible] is unrealistic to expect a judge to separate in his mind facts proven in court and information gleaned from the reports; this judicial restraint occurs most frequently when the court is informed that jurisdiction will be contested.[34] Although parents have the right to see these reports, they are not generally made available to them, because social workers often feel that revealing information and information sources would hinder future efforts to rehabilitate the parent.

Occasionally a judge or referee will speak to the child privately, in chambers, and will not reveal to the parents what the child has said; this enables the judge to get the child's view without pressure of his parent's presence. It has been suggested, however, that this practice sacrifices the parent's right to confront witnesses who may testify against what the parent perceives is his or her own interest. Parents must grant permission for a judge to speak privately with their child, but since most parents want to impress the judge or referee by being cooperative, they will most likely accede to any of the judge's requests.

The Dispositional Hearing. After the court has assumed jurisdiction over a child and declared him or her to be a "dependent" of the juvenile court, it must next decide what should be done with the child. This decision is the heart of the dispositional phase of the court process. Although the two hearings are technically bifurcated, in many counties throughout California, since the hearings are actually held at the same time,the court's jurisdictional and dispositional decisions melt into each other. In San Francisco County, for example, the court is provided with a report, containing the social study of the child and the family, supporting evidence and recommendations for disposition by the investigating probation officer before the jurisdictional findings. Immediately after jurisdiction is assumed, the judge makes a disposition of the case. Many parents would be surprised to learn that two separate deliberations had taken place. The San Francisco probation department (which is concerned with investigating the family's circumstances after a referral is made and bringing the petition before the court) prefers that the two phases of the juvenile court's decision be combined in this way; they believe that parents are more accepting of dependency status if they understand where their child will be going after the court has assumed jurisdiction. If the hearin were bifurcated and the first decision were simply to sustain the petition, parents might fear the dispositional hearing and build up more resentment and hostility toward the court and other social agencies.

Los Angeles County, on the other hand, makes a clear distinction between the jurisdictional and dispositional phases of the juvenile court's deliberations. The juvenile court determines whether or not it has jurisdiction based solely on the petition and the police report (if there is one); no social study is done before the jurisdictional hearing. If the child is adjudicated a dependent of the court a social study is then prepared and the dispositional hearing is held in two weeks. In theory, the bifurcation between adjudication and disposition in Los Angeles County could have a significant effect on the dependency process. It might mean that jurisdiction is assumed by the court only in those cases in which the petition clearly alleges a legitimate basis for court action. Therefore, assuming that jurisdiction is taken in some cases because of facts in the social study rather than the petition, fewer children should be adjudged 600 dependents under the Los Angeles scheme. On the other hand, since the Los Angeles court does not know the full social situation of a family before the jurisdictional hearing, judges might be more likely to declare a child a dependent based on limited information and then be more lenient when it comes to the disposition of the case. Thus, to some observers, the Los Angeles practice should increase the number of dependent children in the county; others believe that it actually decreases the number of dependents.

In truth, bifurcation really makes little difference in the outcome of juvenile court preceedings. Comparing statistics from Los Angeles and San Francisco counties, it is clear that after the juvenile court assumes jurisdiction, whether or not the jurisdictional and dispositional hearings are held at the same time, children are removed from parental custody in a significant percentage of cases. In Los Angeles County in 1972, the court ordered removal in 62 per cent of the cases in which jurisdiction was assumed, 1028 out of 1,656 dependent children were placed outside their homes, 149 with relatives and 879 in foster care.[35] During the same year in

San Francisco County, of the 402 children over whom the court took jurisdiction, 141 were supervised in their own home, 50 were placed with relatives and 203 were placed in foster care; thus, 65 per cent were removed from parental custody by the court.[36]

The dispositional phase of juvenile court hearings is usually more informal than the jurisdictional hearing. Witnesses explain what they know about the family and perhaps suggest possible placement for the child. The child himself, especially if he is over 6 years old, is likely to be asked where he would like to live and why; whether his or her wish is weighed heavily depends upon the inclination of the judge or referee, but in deciding how much consideration to give the child's preferences, a court is usually influenced by the child's age, intelligence and apparent independence from the inevitable pressures of loyalty to parents and fear of the unknown.

Tensions In The Juvenile Court Process

Representation in Juvenile Court Proceedings. A crucial issue in juvenile court proceedings concerns representation, for both the parent and the child. The California Welfare and Institutions Code, appellate decisions interpreting the code and actual procedures followed from county to county betray considerable conflict between the model of an informal "family setting" in which interested parties come together to discuss what would be best for a child, and a formal adversary proceeding in which each interest is represented by counsel and strict procedural and substantive rules are followed. The Welfare and Institutions Code actually seems to contemplate both models, as it notes, "except where there is a contested issue of fact or law, the proceeding shall be conducted in an informal nonadversary proceeding."[37] In practice, however, the degree of formality in dependency proceedings depends more on where the proceedings are held than on the extent of conflict anticipated.

In recent years, dependency proceedings have become more formal.[38] The heart of this trend is the expanding role of counsel in dependency cases. By California statute, parents have the right to counsel only when the child is also represented by counsel.[39] One Los Angeles decision, however, suggests that whenever the district attorney or county counsel presents the case for the welfare or probation department as petitioner, the child is represented by counsel[40] Whether this means that parents also have a right to counsel under these circumstances has not yet been decided. California appellate courts have repeatedly held that parents do not have a right to court-appointed counsel in all dependency hearings, on the theory that the proceedings are civil rather than criminal.[41]

Practices vary from county to county. In some counties, counsel is offered to parents in all 600 cases; in others, only as the statute requires, when children have independent counsel. Most often, counsel is provided through the county public defender's office, but at times legal aid or court-appointed private attorneys are involved. In addition, public interest law projects, such as the Youth Law Center in San Francisco and the Center for Parental and Juvenile Justice in Los Angeles handle certain dependency cases that are particularly appropriate for testing controversial standards or procedures.

Representation of the child by counsel is required by statute only where jurisdiction is sought under WIC 600 (d)[41] or when criminal charges are being brought against the parent or guardian[42] In some counties legal representation is offered to the child in all dependency cases. Such counsel, however, usually represents the petitioning agency and assumes that the child's interests and the agency's interests are identical. The individual representing the petitioner--and by extension, the child--may be either a court officer or some other member of the probation department, a social worker, a district attorney, a county counsel, or a public defender.

Some counties, recognizing that the child and the petitioning agency may have conflicting interests, extend separate representation to the child. The district attorney is most likely to represent the child in these instances because WIC § ____ suggests that he be appointed to represent the minor at the detention hearing and subsequent proceedings where the petition is brought under WIC section 600(d). In San Diego County, separate representation in court is provided for the child, parents and petitioner in all dependency cases. In Marin County, the county counsel's office claims to represent the child directly rather than through the petitioning agency. When county counsel believes that the petitioner's recommendation is not in the child's best interests, the petitioner-agency is informed that it must present its own case or get separate legal representation; in other counties where these interests conflict, the child must get separate representation, usually arranged by the county agency. The public defender is likely to represent the child in such cases.

One can easily imagine a number of circumstances in which the state's interest would be distinguishable from the child's interest. The primary concern of the state is in having the child become a "useful member of society"[43] rather than a [charge] upon the public, either a [a criminal] to be restrained, or [a pauper] or [incompetent] to be maintained."[44] This outlook might lead the welfare or probation agency to balance the risks and uncertainties involved in dependency decisions differently from the child whose own life will be critically affected by those decisions. The tension between the agency's interests and the child's interests is felt more keenly as the child grows older and has independent ideas and opinions about how he wishes to lead his life. Often, the child disagrees with the agency's dispositional recommendation; for instance, a teenager might prefer a group home over a foster family home and could better express his preference to the court through a legal representative.

When attorneys are involved in dependency proceedings, they still do not agree on what their role should be.

Some attorneys believe that they should work with the agency, the parents and their legal representatives to find the best solution for the child; other see their role as that of advocate for the child, reflecting what the child wants and believes. This advocacy role only makes sense if the child is mature enough to articulate his feelings to his attorney and the attorney is sensitive enough to understand them.

Opinion varies widely as to the effect attorneys have on dependency proceedings. Some observers believe that the adversary role of an attorney actually damages the effort to find a "best" solution for a dependent child. However, many others believe that important rights of parents, children and the state can only be preserved if attorneys are present. Attorneys insure that proper procedures are followed and that decisions are not made arbitrarily. By asking the right questions and by monitoring the proceedings they reduce the temptation for the judge to assume the role of advocate. Lawyers are better trained than probation officers to cross-examine witnesses in order to expose the extent to which evidence presented might be hearsay; and they may expose any damaging pre-hearing discussions between the judge or referee and probation officers or social workers. Lawyers also have an important counseling function; they can translate incomprehensible legal language for otherwise confused and unguided parents and help parents understand what specifically needs to be done in order to get their child back or have the court terminate its jurisdiction over their child. In some counties, social workers attend court hearings to fill this counseling role, but parents often regard the social agency as their enemy and choose not to deal with any agency representative.

.The lawyer's role involves making tactical maneuvers such as obtaining continuances which may effect the outcome of the hearing and, more importantly, reaching agreements and compromises with the petitioner and other attorneys before the hearing to avoid emotionally draining and perhaps, damaging courtroom drama. Typical compromises involve the parent's acceptance of the court's jurisdiction in exchange for a disposition that the child return home under court-ordered supervision, or agreement by the petitioner to file under section (a) of WIC 600 instead of section (d),[45] or a rewording of the petition so that fewer or less serious allegations are made. Some parents decide not to contest the agency's recommendations because of prior discussions among attorneys to amend petitions or stipulate to certain facts alleged in the petition.

Statistics are not kept of the number of cases in which the presence of counsel has modified or defeated the petitioners recommendations. Probation and social service workers estimate that in 15 to 25 percent of contested hearings where attorneys are present, the petitioner's recommendations are modified. In contrast, petitioner's recommendations are modified in less than 10 per cent of the uncontested cases.[46]

The same tension that exists with respect to the appointment of counsel is also apparent in the rules of evidence followed in dependency proceedings. The already loose rules of evidence of the jurisdictional hearing are relaxed at the dispositional phase and virtually anything goes. These "hearings" may consist of interludes between the jurisdictional findings and the announcement of the disposition, during which the judge considers the social study he is obligated to read while an embarassed parent waits; or they may be loud, emotional sessions where endless relatives and neighbors show up to tell the judge their theories of child-raising, and parents argue openly with a court officer, social worker or judge. When the child has previously been before the court, former foster parents or staff members of an institution might be present to explain the child's placement history. Courts sometimes diverge from the petitioner's recommendation in the dispositional hearing, probably because there is more room for modification than at the jurisdictional hearing where a [illegible] yes/no decision is all that is required.

Generally, two broad options are open to a judge in the dispositional phase of juvenile court proceedings--to send the child home under some form of governmental supervision or to place the child under the supervision of either the probation or social welfare department for "suitable placement" outside his or her home. In rare instances, the court may totally dismiss the case; although this is appropriate only when new evidence has turned up or circumstances have changed since the jurisdictional hearings (since the jurisdictional and dispositional hearings are held on the same day in most counties, dismissal at disposition is extraordinary). In making its decision, the court usually follows the recommendation of the probation officer or social worker who investigated the case. The court may condition a certain decision on the fulfillment of specified terms, such as requiring that a stepfather no longer live in the home or that the parents submit to psychiatric counseling. This condition is required by statute if jurisdiction over the child is taken under subsection (d) of WIC Section 600.

After the court has made its findings, it sets a date to review the disposition; by statute, such review must take place within one year but in many cases, it is scheduled within a much shorter time period.[47]

The Judicial Standards. Throughout the court dependency process, decision-makers are asked to apply a series of extremely flexible standards to the facts presented: Is detention of the child a matter of "immediate and urgent necessity?"[48] Is parental supervision "proper" or "effective?"[49] Does the "child's welfare" require removal from home?[50] What disposition is in the child's "best interests?"[51]

The "best interest" standard is perhaps the most crucial and the most elusive. Used in dispositional hearings, the standard asks a judge or referee to make a decision between two basically unclear alternatives: how a child will fare if left in his parents' home and how he will fare if some alternative arrangement is made for his care. When this decision is made, the judge has no idea of where a child might be placed, who his foster parents might be or how he will grow and develop under their care. In many cases, the judge does not really know much about the child's life with his own parents, since he has only a petition and social study to provide information. Neither can the judge or referee know whether the child's parents will change if, for example, counseling or homemaker serivces are provided by the welfare department.

There are other problems with the best interests standard. One commentor has noted:

> Even if the judge had substantial information about both the child's existing home life and the foster care alternatives, our knowledge about human behavior provides no basis for the predictions called for in the best interest standard.[52]

Without a general consensus on child-rearing techniques and objectives, predictions must be based on individual values about how children should be raised. The problem of predicting is confounded by the fact the the experiences and backgrounds of most decision-makers in the dependency process--judges, referees, social workers and probation officers--differ greatly from those of the families who come before the juvenile court and social agencies. Since individual values can confuse the issue of what is in a child's best interests, it is likely that a child will be removed from atypical or eccentric parents.

The Welfare and Institutions Code of California does contain guidelines that reveal a governmental preference for certain kinds of actions in regard to dependent and neglected children, but even these do not point the way to appropriate judicial response. Although the Code notes a preference for "raising a child in his own home as will serve the spiritual, emotional, mental and physical health of the minor and the best interest of the state," and "removing [the child] from the custody of his parents only when his welfare or safety and the protection of the public cannot be adequately safeguarded without removal," children are precipitously removed from parental custody without a showing that they cannot be protected within their own homes. Moreover, the Code assumes that foster care is short-term care, to "secure for [the child] custody, care and discipline as nearly as possible equivalent to that which should have been given by his parents," while the social welfare agency works to "strengthen the minor's family ties wherever possible."[53] However, many children remain in foster care for long periods, during which time little attention is given to their natural parents. These vague legislative prerogatives can provide little guidance for actors within the foster care system.

When a judge or referee decides in the dispositional phase of juvenile court proceedings that a child should be remanded to the custody of the social welfare department for "suitable placement," he or she is simply deciding that a child may be better off in a different environment, without knowing precisely what that environment will be. Moreover, given the deficiencies of the current foster care system -- the inability to attract a diverse supply of foster parents to assume good matching between children and foster homes, the unavailability of group homes and other facilities for certain ages and populations, the likelihood of multiple placements for any one child -- is not clear that foster care is necessarily better than a child's natural home. Of course, some children are placed in loving, stable foster homes; but many others are shifted from placement to placement, never receiving the affection and care for which they were initially removed from their own parents.

The risks of foster care placement may be as great as the risks of leaving a child with his natural parents. However, when a judge or referee is confronted with a choice between leaving the child in a recognizably deficient home and placing him in an environment that might be better for him, the best interest standard makes it easy to decide in favor of the unknown alternative . Such a decision ignores the possible psychological and emotional risks of foster home placement, risks that have been identified by a variety of writers and critics.[54] In addition to the trauma surrounding separation from one's parents, a foster child has to deal with the conflicts and tensions that arise from having two differest sets of parents. Only the most well-adjusted children are able to deal with the ambiguities of foster home placement. As Weinstein notes:

> Without an adequate conception of who he is, where he is and why he is there, it is difficult to see how the foster child could develop well in a situation that is as complex and problematic as placement.[55]

Mnookin, urging a new judicial standard to replace "best interests", notes that the instability of the foster care system itself may psychologically harm a child:

> [C]hildren are often moved from home to home, and there is a rapid turnover of social workers and judges involved in the case.[56]

Although these risks are serious, the deficiencies and problems of a child's natural home may seem more compelling to the decision-maker. Because the present legal standard provides no direction in choosing between largely-unknown alternatives, the decision-maker must rely on individual opinion and judgment. As a result, many children who might be able to remain with their parents if the welfare department provided counseling and other forms of assistance, are plunged into the uncertain and unpredictable foster care system.

The Role of the County Welfare Department

After the court has completed its jurisdictional and dispositional inquiries, the focus of the case moves out of the juvenile court and into the social welfare department or the probation department--depending on the county and the court's disposition. Just as counties handled the investigative and judicial phases of dependency matters in a variety of ways, they also vary the manner in which they supervise court dependents. In San Francisco County, for example, the probation department supervises children who are adjudged dependents and returned home or placed with relatives while the social welfare department supervises all dependents who are placed outside their homes. In Santa Clara County, the probation department handles all non-aided dependency cases and all sexual molestation cases; the social welfare department caseload is composed of dependent children whose natural families are eligible for AFDC payments. And, in Los Angeles County, the social welfare department supervises all dependent children--those who are returned home to live with parents or relatives and those who are placed outside their homes. In truth, the methods of supervision are probably similar in most counties--no matter which department is in charge; however, the variety of organizational arrangements throughout California attests to the total lack of uniformity in regard to dependent children and their families.

The Placement Decision. For purposes of discussion, we will outline how a case moves from the court to the social welfare department in San Francisco County; we will look at the placement decision in San Francisco not because it is a "typical" county but because it separates probation department and social welfare department responsibility at the point of the court's dispositional decision In other counties, a similar division of responsibility is made between investigative and supervisory units within the social welfare department.

After the San Francisco juvenile court has made a decision to remove a child from parental custody, the Court Intake Division of the county Department of Social Services (DSS) takes over from the probation department which had investigated the case and filed the petition. Often, the social service department has begun work on the case before this point. For each case with a "[51] per cent chance of out-of-home placement," the probation officer calls the Court Intake supervisor in DSS and provides vital information on the child and the family situation. Thus, the social services department has information on potential placements before the court hearing. When the petition will most likely be sustained, a court intake worker from DSS attends the court hearing. He or she is present to answer one question from the judge: "Will DSS take this case?" The DSS court intake person answers "Yes." In addition, the DSS person in attendance provides a link for the family after the child has been taken away; this worker asks the parents if there is anything they do not understand or anything they have questions about after the court has made its decision. This "link" is especially important if no attorney is present to perform this function, since the court hearing is usually a traumatic and confusing experience for the family.

If the petition is not sustained on a case that Court Intake was previously notified about, the intake supervisor scratches the case name off the list and has no connection with the case. If the child is adjudged a dependent and then sent home or to live with relatives, the case is supervised by the probation department and DSS will not get involved. If the petition is sustained and out-of-home placement recommended, the Court Intake Supervisor reads the court record and decides which intake worker should handle the case. The supervisor writes up three face sheets with information on the case--one goes to the income maintenance division of the department to see if the family is currently receiving aid. If the family is receiving aid, a folder is sent over to Court Intake from income maintenance; if not, a "dummy" folder is made up. While the aid check is going on, the Court Intake supervisor writes a note to the case worker who is supervising the case summarizing the family situation and making recommendations. For example, the supervisor might note, after reading the court report, "This looks like a very disturbed child--perhaps a residential treatment facility would be best." Once a case has been assigned to a court intake worker, the next major decision concerns whether to place the child in a foster family home or an institution.

If foster family care seems promising, the worker looks through a card file to find vacancies and tries to match the child with a foster family on certain characteristics including age and racial background. Sometimes, after the intake worker has chosen a possible home, he or she talks to a licensing worker who knows more about the prospective foster parents. If the home still looks good, the intake worker may talk to workers who have already placed children in that home. If others who know and have used the home give it a good recommendation, the court intake worker goes out to see the home, tell the foster parents about the child who will be coming and prepare the family for the child's preplacement visit.

If it seems likely that the child will be placed in an institution rather than in a foster family home, the placement process is not as routine. Previously, a child could be placed in an institution if the intake worker decided that was the best placement or, perhaps, if the worker could not find a suitable foster family home. Thus, some children wound up in expensive, therapeutic residential settings, even if they did not really need them. To avoid this problem, San Francisco county has set up a screening committee of six (three people from supervisory levels and three line staff) to approve all institutional placements. The intake worker presents the case to the screening committee and offers three facilities for consideration. If the committee agrees that institutional placement is advisable, the intake worker tries to place the child in the most favorable setting, then tries the next two on the list. In the best of all worlds, the child would find a place in the "first choice" institution, but since the placement worker must operate on the basis of what is available, this often does not happen. If none of the first three choices is possible, the worker goes to the screening committee again with three different choices, and so on, until the child is placed. The screening committee was developed so that mis-placements would be avoided, but unfortunately, because the worker only has a chance to place a child where there is an opening, mis-placements and re-placements are inevitable.

After the intake worker has chosen an institution that accepts the child for placement, the department sends all material on the case to the facility -- the court report, psychological reports, the detention record and a cover letter with additional information on the child and his family. Institutional staff members digest this information and in anywhere from one week to one month (usually about two weeks) inform the social services department of their decision. In some cases, they may request more up-to-date or detailed information on the child's situation. After this point, the intake worker handles the placement in much the same way as a foster family home placement. He or she sets up a preplacement visit, often for a weekend, after which the child and the institution know if they are compatible; in addition, the intake worker will ask other workers about the facility. Some institutions do not have preplacement "trial" visits. Instead, they decide whether or not to accept a child based only on staff interviews with the child and department records.

Sometimes, it takes a while to place a child because a suitable foster family home or institution cannot be found. Every 15 days the intake worker must report to the court where the child is at that time and what is being done about finding permanent placement; these reports to the court typically say that "placement is in progress."

After the child is placed, either with a family or in an institution, the intake worker does a "postplacement" visit, which theoretically ends his or her involvement with a case. This visit is partly designed to inform the child and the foster parents that a new worker (with a "carrying" caseload) will be taking over the case. The court intake worker sets up the mechanism that provides money for the child, dictates the case, and waits for the next bunch of court orders to arrive. The child then moves to some other social worker's caseload--the worker who will supervise the case and deal with the natural family, the child and the foster family. In many smaller counties, one social worker is responsible for finding the foster placement for a child and supervising the child and family once placement is completed.

Within one year--often as soon as ninety days in some counties--the court schedules a review of each foster care placement. At this annual review, a report is submitted by the social services department discussing the progress of the child and the family and recommending whether court jurisdiction should be terminated or placement changed.[57] The burden of proof to terminate jurisdiction rests with the parents, although there is some conflict as to what the parent must prove in order to regain custody of a child. Must the parent show only that the original bases for jurisdiction or out-of-home placement has ended, or rather does the parent bear the more elusive burden of showing that the best interests of the child require that jurisdiction be terminated or placement changed? At the review hearing, the court either terminates its jurisdiction, orders a change of placement, or more likely, maintains the existing situation and again sets a date for review within one year. Anytime before that review date, the parent and/or social worker can come to court with proof of "new circumstances" that warrant immediate review of the case.

Voluntary Placement

The decision-makers within the court dependency process are usually obvious and the crucial decision points are relatively well-defined by statutory provisions--even though decision-making is often haphazard. However, about half of the foster children in California never go through a court hearing; these are children who are voluntarily placed by their parents or other guardians.

The voluntary placement process is simpler to describe than court-ordered placement--fewer actors are involved and there are not as many contingencies as in a court-ordered placement--but probably more difficult to understand. The court usually intervenes in family life because of one glaring incident of neglect, abuse, abandonment or inadequacy or because of a continuing pattern of such behavior. The court is actually involved in discovering and identifying parental weaknesses. Voluntary placement, on the other hand, must often rely on parental strengths--it is surely not easy for a parent to admit that he or she is doing a bad job of raising children and that those children would be better off in someone else's home. Of course, as is true in almost all discussions of social welfare, the truth is not that neat. Many voluntary placements are "coerced" by agency workers who are already involved with the family or by outsiders who believe, for one reason or another, that a child should be removed from the care of his or her parents. It is impossible to determine how many placements that are considered "voluntary" (all those where there is no court order requiring out-of-home placement) are initiated by parents who understand their own limitations and recognize what is best for their children. Some parents who voluntarily place their children simply use the agency service as a "babysitter," a relatively painless way to get rid of family responsibilities for awhile.

Voluntary placement is quite different from court-ordered placement for a number of administrative and financial reasons. First, counties are not required under state law to provide voluntary placement services; moreover, counties are not eligible for federal reimbursement of the maintenance costs of children who are voluntarily placed. Thus, some counties have developed no mechanisms for voluntary placement, while others, with limited resources a difficult-to-move bureaucracies, actively discoura voluntary placements and prefer that all out-of-home referrals go through the juvenile court. Even those counties that offer voluntary placement services do not always agree on what kind of families should be eligible to place their children or on what family problems can be successfully tackled through voluntary placement. Some counties concentrate on providing this outlet for families with severely disturbed children who need a therapeutically-oriented residential center, while others limit its application to situations in which a parent is forced to enter a hospital or recuparate from an illness for a period. Other counties, however, are less clear about what kind of family problems are solved by voluntary placement; they often accept, with little consultation, any family that wants to place a child voluntarily.

Identification. Like court-ordered placement, voluntary placement can begin in various ways. An AFDC or Protective Services worker realizing that a young mother needs time to sort through her personal problems, might recommend temporary placement for the children. Or, an AFDC mother might tell her social worker that she had been thinking about placing her children and wondering whom she should call and what she should do. In other cases, private agencies, doctors, ministers, friends or relatives might suggest voluntary placement and direct a family to the proper section of the social welfare department. Many voluntary placements are self-referrals by families that recognize their problems and think placement may help solve them. The voluntary placements in any social welfare agency can probably be divided into two populations: "True voluntaries" in which a parent or parents decides totally independently that out-of-home placement is necessary and "suggested or coerced voluntaries" in which agency representatives or other parties recommend voluntary placement with the added stipulation that if a child is not so placed, the court or police may have to step in.

In most counties, no matter what the referral source is or who actually initiates the placement, only families who are eligible for AFDC payments or county general assistance can voluntarily place their children through the social welfare department. Of course, any parent can "voluntarily" place a child with a private agency if he or she can afford the fee, or with relatives or friends if any is available. This is somewhat understandable since placement is expensive and the state will reimburse the county for part of the cost of care only for AFDC children. State reimbursement is especially crucial in this situation, since the federal government does not contribute at all to the costs of voluntarily-placed children. People who are wealthy can, of course, use private facilities to deal with their family problems; poor people are served only by the public social welfare system. Families with limited financial means, however, who do not fit AFDC guidelines often have no recourse but to try managing difficult family situations on their own, and perhaps, to wait for some cataclysmic event that might bring them or their children to the attention of the juvenile court and begin the placement process from that direction.

Some large counties have distinct voluntary intake units, often physically separated from the agency's court intake division, but most counties combine the intake function for court-ordered and voluntarily placed children. In effect, the voluntary intake worker must make as complicated and serious a decision as the juvenile court -- with few of the court's judicial safeguards and statutorily-defined procedures. Although in theory, the decision to place a child voluntarily should be a short-term one, most intake workers are aware that voluntary placements often last as long as court-ordered placements. Of course, in some situations, especially those in which the caring parent is hospitalized or recuperating, short-term care is all that is needed. Intake workers usually emphasize the "success" of voluntary placement in these instances, defining success as a quick return to a strengthened natural home.

Some parents understand their inability to cope with family problems and thus, use voluntary placement as social workers anticipate -- to give themselves time to sort through personal and family problems without the day-to-day pressure of raising children. Again, when parents are cooperative and cognizant of their own limitations, the "success" rate of voluntary placement is high. A third type of family is also likely to resort to voluntary placement -- those families whose children have severe emotional, mental or physical handicaps that make it impossible for parents to care adequately for them. Such children most likely are placed in specialized group homes or institutions, placements that often last for quite a long time.

The intake worker must answer a number of questions before he or she asks a parent to sign a voluntary placement agreement: Why is this parent seeking to place a child in a foster home? Does this parent plan to cooperate with agency staff to solve the family's problems? How can voluntary placement help this family? Would the more formalized procedures of the juvenile court be more effective? If so, are there grounds on which to file a petition? In addition, some more basic -- and more ambiguous -- questions must be asked. Specifically, the intake worker must discover how a parent feels about his or her parenting role: Does the parent really want to work toward getting the child back or is the voluntary placement simply a convenient babysitting device? These are not easy questions, and often, the voluntary intake process is not extensive enough to get at the answers. One important question is often unasked, perhaps due to the pressure of the emergencies that may first bring a parent to the agency. When a parent comes in requesting voluntary placement, the social worker rarely asks himself whether services exist that could help the family while the child remains at home.

Because out-of-home care for AFDC children is reimbursable by the state while in-home services are not, a social worker presently has no incentive to seek less drastic remedies for a parent requesting voluntary placement.

Consultation and Agreements. Voluntary placements are effected when the parent or parents and a social worker sign a voluntary placement agreement. Agreements vary from county to county; some define what the agency and parent must do while others simply note that the parent gives "consent to the placement and supervision of my (children) (wards) in a foster home or institution selected by the ....Department of Social Services."[58] On the whole, voluntary placement agreements usually contain the following kinds of provisions:

(1) The parent will pay the Department of Social Services for the cost of the child's care based on the parent's ability to pay. To facilitate this payment arrangement, the parent must inform the agency of any changes in financial circumstances and conditions.

(2) The parent will cooperate and assist the agency in planning for the child's progress and care.

(3) Some agreements require ten days written notice by either the parent or agency to terminate

the placement. Others simply require that the parent "notify the Department of Social Services in the event that [he] wish[es] to remove the children from the foster home or institution, in order that sufficient time be given for proper planning."[58]

(4) The parents remain responsible for authorizing medical treatment, hospital care and surgery, and must keep the agency informed of their whereabouts in case of an emergency.

Some social welfare agencies are now in the process of developing more specific voluntary placement agreements that would spell out what the agency planned to do and what was expected of the parents while the child was in foster home placement. In this way, both parents and agencies could avoid the major pitfall of voluntary placement - maintaining the child in a foster home and not attempting to solve the problems that initially led to placement. Some social workers believe that more defined agreements would aid the rehabilitation process; moreover, if a parent reneged on his or her part of the bargain, the agency might have more support if it decided to file a dependency petition in juvenile court.

Placement. After the intake decision has been made and a folder written up on the case, the child is supervised by a social worker who also handles court-ordered placements. Sometimes the placement facility is selected by the intake worker, while in other instances, the specific foster home, group home or institution is chosen by the carrying social worker. After the child is absorbed into a placement worker's caseload, the distinction between voluntary and court-ordered placement virtually disappears -- at least as far as the child is concerned. In some situations, however, social workers have to spend more time dealing with parents who voluntarily place their children than with parents whose children go through the juvenile court process. To some, this is an advantage, while other social workers find any parents -- even if they are cooperative -- difficult to deal with.

The most important characteristic of voluntary placement is that the decision-making process is much less formalized than in court-ordered placement. Rather than requiring clearly defined legal steps before a child is removed from parental custody, voluntary placement requires only an agreement between parents and the social welfare agency. In fact, the need for out-of-home placement does not have to be proved; it must only be clear that a parent no longer wishes to assume responsibility for a child and the social agency believes the court does not have to become involved. The decision to place a child, therefore, is made through consultation between the parent and the agency--and in some cases, this consultation is minimal. Moreover, the decision to terminate placement theoretically rests solely with the parent although the agency may terminate the placement if it thinks the child is ready to return home. Even if the agency believes that a child is progressing well in a foster home or institution, custody rights remain with the parent and he or she may take a child back home at any point. Of course, the social agency can always file a petition to have the child declared a dependent and removed from parental custody by the court, but this is rarely done because of the time, energy and money involved. Although in many voluntary placements, parents are cooperative and serve as a valuable resource for reuniting the family, some of these placements unfortunately become contests between parents and agencies. And, too often, a parent who has voluntarily placed a child through the welfare agency simply disappears, leaving the agency and foster parent to care for a child over whom they have no custody rights.

Chapter IV: THE OUTCOMES

After the juvenile court has made its findings or the voluntary intake worker has decided on out-of-home placement for a child, a new set of actors and expectations comes into play. At this point, the federal, state and county bureaucracies that determine how much money will be spent on out-of-home care and who will organize the delivery of such care are no longer involved. Instead, decision-making is localized in county welfare agencies--more specifically, in placement units within those welfare agencies. The formalized procedures of the court and the somewhat less formal voluntary intake procedures give way to individual discretion and crisis management. In large measure, what happens to a child in out-of-home placement depends on social work professionals, foster parents, group home or institution staffs and chance.

Often, how the child responds in a foster care placement is influenced strongly by the emotional climate surrounding removal from his home and the initial trauma of being separated from his parents and everything familiar. The severity of the trauma is affected by a variety of factors: age and the developmental stage of the child, physical health, the nature of the family's problems, the quality of initial parental relationships, the parents' reaction to separation and the presence of other non-parental supportive figures in the environment. By the time a request for foster care is made, the child has probably undergone many periods of uncertainty, fear and bewilderment:

> Every child who comes into care is, in a sense, a casualty of our inadequate society. Increasing social mobility and the anonymity of our big cities means that there are frequently no relatives or close friends who can look after a child when his parents are ill, have nowhere to live, are incompetent and reckless, or perhaps even abandon him.[1]

Unfortunately, the placement process, with its inherent tensions and conflicts can do little to reassure children about their futures. In fact, bureaucratic structures within welfare departments almost insure that long term decisions will not be made and the child will remain in an unstable, uncertain environment. Right now the foster care system in California, as in most other states, does not force permanent decisions to be made. Instead, the system is designed to maintain a semblance of or[illegible] and avoid crisis. Various reasons can explain this "holding-operation" outlook: (1) Large caseloads--and the fact that county budget freezes do not allow welfare departments even to fill job vacancies -- make it impossible for social workers to do preventive casework or rehabilitation. Placement workers must respond to emergency situations rather than concentrate on long-range planning. (2) Because staff turnover is high, natural parents, foster parents and foster children are often confused about who is responsible for them, and as a result, only turn to a social worker when there is a crisis or emergency. (3) Most important perhaps, neither the juvenile court, the State Department of Health, nor the federal Department of Health, Education and Welfare requires that welfare departments do any long-range planning for foster children. In spite of the fact that state reporting forms may ask for "long-term plan of care" and federal regulations require that plans be made, welfare departments routinely note "long-term foster care" or "no plan" without any further explanation. For example, in a study of 722 cases from one northern California county welfare department (approximately 50 per cent of all children in foster home and institutional placement supervised by that department), 476 cases or 62 per cent, were scheduled for long-term foster care; in an additional 102 cases, or 13 per cent, there was "no definite plan" of care.[2]

THE CASEWORKER'S ROLE

The person with primary responsibility for responding to foster care emergencies and planning for a foster child's future is the placement worker or caseworker. Placement is a specialized function offered by every county department of social services. Although some counties require that placement workers earn a Master's degree in Social Work (MSW), this is not a statewide requirement. Depending on the school of social work attended, the MSW may not have had any training in casework but might have specialized in another field, like community organization. Some counties require that a prospective placement worker pass a written Civil Service Child Welfare Worker Examination while others require an oral examination. For candidates who are not MSW's or who have not participated in an academic program in social services, counties provide orientation and training programs, supervision by experienced workers and department policy and procedure manuals. Placement workers rarely find either written job descriptions or organized operations manuals to help them learn about their jobs. Since most new workers usually take over an on-going caseload, they rarely have time to analyze and reflect upon the families they will serve.

The caseworker acts as an information source, a therapist, a facilitator and a counselor for a variety of clients--natural parents, foster parents, institution staffs and foster children. The necessity of being "all things to all people" greatly limits the caseworker's effectiveness and often prolongs the separation between parent and child. Because natural parents are usually the most bitter and uncooperative actors in the proces--especially when their children have been coercively removed by the juvenile court--they are often the first ones to be ignored in the face of large caseloads, paperwork and daily crises. And, if natural parents are ignored, it becomes more and more difficult to solve the problems that initially led to placement and reunite parents and children.

Children who seem to be responding well to foster placement are likely to be "banked." Caseworkers will not even make the required monthly visit to these children; in fact, they will only see a "banked" child if the substitute parent decides there is a special problem requiring agency response. The "banking" process does free up valuable time to allow placement workers to concentrate on children who require special services and constant supervision. However, when a child is "banked," the agency effectively withdraws from the placement without insuring that the child's situation is the best one possible or testing the availability of more stable long-term placement alternatives. The banking concept, although economical and practical in terms of overloaded caseloads, risks doing what is easiest rather than what is best for the child.

Another major obstacle facing the placement worker is the shortage of alternatives to out-of-home placement. Thus, even if a worker believes a child could return to his natural parents if in-home services were provided to the family, the realities of money and resources make it clear that such services cannot be provided at public expense. For troubled families who go through juvenile court or voluntary intake procedures, foster care, which should be a last resort, is too often the only alternative attempted.

PLACEMENT FACILITIES

In many counties, especially those without separate intake units, one of the placement worker's major tasks is finding a placement for the child. Court orders usually call for "suitable out-of-home placement," which allows the supervising agency to choose from among a variety of facilities. The list of possible facilities in California includes: Foster family homes, emergency homes, group homes, mental hygiene homes and children's institutions.

Foster Family Homes

Foster family homes approximate the child's familiar home environment most closely, and therefore are often the placement of choice. In this arrangement, the child is placed with a family in a home that has been licensed to serve related and non-related children. The child receives the benefits of family living: the chance to develop emotional and social relationships with parental figures, relatives, and friends and the opportunity to share in family decisions, tasks and entertainments. At the same time, the child has to face the responsibility of living in a family, sharing with brothers and sisters and contributing to the household's functioning. Foster parents may request a particular type or age child and have the right to turn down a request for placement of any particular child. In addition, they may, at any time after placement, request the removal of a child from their home. According to the Child Welfare League of America, the purpose of foster family care is

> To provide care for a temporary, or extended period in an agency supervised home, together with treatment of problems of child and parents, for children whose parents are unable to care for them adequately because of social, emotional or health problems of child and/or parents, and who can benefit by family life experiences.

Certain foster family home placements differ slightly from the usual pattern. Sometimes parents make private arrangements for a child's care, often with relatives or friends. These private foster home arrangements are used primarily for short-term situations, such as when a parent is hospitalized, and are usually terminated at the parent's request. The agency, through its licensing function may be involved in these private arrangements. Often, a parent who seeks to place a child voluntarily but who is not eligible for AFDC or county general assistance funds may be given a list of county-licensed foster homes that are interested in contracting privately with parents. In other instances, an AFDC parent might tell the agency about some friends who are willing to care for a child during an emergency and the agency would arrange to license the home to care for a specific child and pay these friends the standard foster home board rate.

Other placements are made with relatives. As we have already discussed, relatives are paid less than foster parents when caring for a child and are thus often discouraged from offering their services. When a relative's home is used, it is probably licensed only for the care of a particular child or group of siblings. Placement with relatives often helps the child maintain family ties and speeds reunification of the natural family unit. In many counties, placement with relatives is considered close to returning the child home with court supervision; in San Francisco County, for example, dependents who are returned to their own homes or homes of relatives are supervised by the Probation Department while all other out-of-home placements are under the control of the Social Services Department.

Many children--whether ultimately placed with relatives or strangers--need emergency care at some time before a final placement is found. Some are kept in juvenile halls, shelter cottages or guidance centers awaiting their court hearings or final placements. Other children require a less institutional setting; many counties are now using shelter facilities only for children being held in protective custody and are finding alternative care arrangements for other children. Some counties are hoping to shut down shelter cottages altogether and place dependents in community-based facilities while they are waiting for courts and welfare departments to act.

Children are now likely to be placed in "interim" or "emergency" foster homes. These homes are similar to regular foster family homes but differ in some important respects: (1) In interim homes, foster parents agree to accept any child on short notice; if a child needs a place to stay during the night, an interim home is used. (2) Parents who have interim homes realize that a child may be with them for a few hours or for six months--however long it takes to evaluate the child's situation and develop a placement plan. (3) The foster parents are paid a per-bed subsidy of about $55 whether or not the bed is filled. In addition they receive the regular foster home payment for each child who remains in their home.

Finally, some children are relinquished at birth by their parents and put up for adoption. These children are usually placed in pre-adoptive foster homes pending final adoption proceedings. Some children placed in pre-adoptive foster homes are later labelled unadoptable for some reason, usually because of mental retardation or a debilitating physical handicap. These children may then remain in pre-adoptive foster homes for much longer periods, especially if their foster parents have grown attached to them.

Group Homes

For some children, especially older ones and those who have had a number of foster family home failures, a non-family setting is more appropriate. In these cases, the placement worker might look to group homes for "suitable placement." Formerly, group homes in California were licensed by both the Department of

Social Welfare and the Department of Mental Hygiene; those licensed by DMH were called "mental hygiene homes" and cared for children with mental problems or handicaps. As of July 1, 1973, the licensing functions were combined in the Department of Health.[4]

The "agency-operated" group home in which the local welfare department purchases a building, employs "house parents" and other staff and supervised operations, has not developed to a large extent in California. Instead, non-profit and proprietary group homes are used for foster children. The purpose of group home care is:

> To provide care and treatment in a....facility that assures continuity of care and opportunity for community experiences, in combination with a planned group living program and specialized services, for small group[s] of children and youths whose parents cannot care for them adequately and who, because of their age, problems or stage of treatment can benefit from such a program.[5]

Group homes are licensed to care for six or more children, whereas a foster family home can care for fewer than six children. But even before the strict enforcement of licensing standards, group homes were treated more like institutions than foster family homes for licensing purposes. In many respects group homes fall somewhere between foster family homes and large children's institutions: They operate within a neighborhood using community schools, churches and recreation facilities, while at the same time, they provide specialized services and treatment that a family setting could not offer. Group homes usually serve a very distinct population, such as dependent and delinquent adolescent girls and gear services toward their chosen clients. In fact, group homes are mainly used for adolescents who are often least attractive to foster families and most unwilling to live in a typical family setting. Unfortunately, the number of group homes throughout California is small, and they seem to be concentrated in certain counties. This is partially explained by the fact that some counties have developed zoning and licensing regulations that discourage the development of group homes. Moreover, the administrative red-tape that must be overcome before a group home is licensed and operative often discourages interested people from developing new facilities.

Children's Institutions

Finally, a caseworker may choose to place a child in a large children's institution. Since institutional care is the most expensive form of foster care available, only children with serious handicaps or problems should be placed in institutions. However, if foster families or group homes are in short supply, a child may be placed in an institution because nothing else is available. The major purpose of institutional care is:

> To provide care and treatment for children who have behavior or emotional problems and/or parents unable to care for them adequately and who require separation from their own homes and a group living experience.[6]

Residential treatment is designed:

> To provide treatment in a group care therapeutic enviornment which integrates daily group living, remedial education and treatment services on the basis of an individualized plan for each child, exclusively for children with severe emotional disturbances, whose parents cannot cope with them and who cannot be effectively treated in their own homes, in another family, or in other less intensive treatment-oriented child care

facilities.[7]

According to the California State Department of Social Welfare an institution is a 24-hour residential group care facility operated by a person, association or corporation which serves as a care or care and treatment facility for a child for a planned period when the child's own family cannot care for him and when another social treatment plan is neither desirable nor possible. The facility may operate at two or more locations; care is provided in other than a family home setting; care is provided exclusively by employed staff with the county agency continuously absent from the premises; care is for more than 15 children under sixteen years of age, or for less than 15 children if care is "institutional" in nature, with or without compensation to staff.[8] There are approximately 200 institutions throughout California, both proprietary and non-profit. They range from intensive treatment-oriented programs to less structured "treatment focused" programs. Many are directed toward children with particular physical, mental or emotional problems.

THE NEXT STEPS

After the child is in placement--whether in a family home, group home or institution--the worker's main job is to try rehabilitating the parents, solving the problems that initially led to placement and reuniting the family, while at the same time, maintaining and monitoring the substitute care arrangement. But many children who enter foster care will never return to a strengthened natural family unit no matter how diligently a placement worker tries for that result. For these children, the welfare department must look at other alternatives, such as adoption, guardianship or long-term foster care.

The problem of finding alternatives to the natural family is not trivial, especially since many foster children spend a major portion of their lives away from their biological parents. The State Board of Social Welfare Report, Children Waiting, noted that almost 39 per cent of the children in their study had been in placement five years or more.[9] The Audit Committee's Report found that over 67 per cent of the children in their projected sample remained in the foster care program for two or more years.[10] A five-year longitudinal study in New York City by Professor David Fanshel of the Columbia University School of Social Work found that 90 days was an important cut-off point for foster children. A number of children entered and left care in 90 days, but children who stayed in foster homes or institutions at least 90 days were likely to remain in care for a number of years.[11] Children who are voluntarily placed by their parents seem to remain in foster care as long as court dependents. A director of one California county social services department provided the following statistics:

> "The mean length of stay for dependent children of the court was three years and two months.... For voluntary placements the mean was three years."[12]

Perhaps even more striking is the history of most children in foster care. Supposedly, the process of matching a child with a care facility should insure that placements are stable. Unfortunately, placement workers are faced with a limited number of options and often must choose what is available rather than what is best. As a result, according to State Social Welfare Board statistics, in 64.3 per cent of the cases where information was known, children had had two or more placements.[13] The Audit Committee's Report noted that "[t]hirty-five per cent have been shifted to three or more homes since being placed in foster care."[14]

Adoption

Clear records of what happens to foster children once they enter the system are rare, but all available evidence points to the fact that many children who enter care will grow up in care, unless other arrangements are made. Probably the most attractive alternative for many children is adoption, although it is obviously impossible in some cases. Adoption gives a child the stability and continuity of one home and one set of parents. In addition, it severs agency ties with the child and adoptive parents and thus, allows the child to grow in a "normal" family setting. Adoption proceedings are usually handled by adoptions workers in separate units of the welfare department who prepare for court proceedings to terminate parental rights under Section 232 of the California Civil Code. This is a long and expensive process, one that is rarely begun unless there are potential adoptive parents waiting in the wings. More crucial, however, is the fact that some children are labelled "unadoptable" and no serious attempt is made to find permanent homes for them--even if they have already been relinquished at birth by their parents and no court termination proceedings are necessary. Most often, "unadoptable" children have serious physical or mental handicaps, but in some cases, their only distinguishing characteristic is that they are too "old," usually over eight years. However, with the recent decline in illegitimate and unwanted births, fewer babies are on the adoption market. Because the supply of potentially adoptive parents now far exceeds the supply of classically-adoptable babies, welfare departments are making a concerted effort to match prospective parents with older children.

For some children, adoption is impossible. Perhaps they are severely handicapped and require the kind of care and treatment most parents cannot provide. Or perhaps natural parents do not want to relinquish their children for adoption and the welfare department cannot bring a strong court case against the parents. Finally, some children do develop strong and stable relationships with foster parents who simply could not afford to continue caring for a child without the board payment from the social welfare agency. Subsidized adoption could theoretically solve this problem by maintaining support payments after the child is adopted. But because the subsidized adoption program in California is quite small and subsidies can only be provided for five years after adoption, it is not really a viable solution in many cases. When adoption is impossible and a child is clearly not going home, guardianship and long-term foster care can be used.

Guardianship

Guardianship can give a child a feeling of stability and permanence without really changing the foster care arrangement. In addition, it can give the foster parents a sense of responsibility and allow them to operate with somewhat less frequent agency contact and supervision. Foster parents can, with or without cooperation from the social welfare agency, petition the _________ court for legal guardianship of children in their care. If guardianship is awarded to foster parents, they can make important decisions that were previously made by natural parents and the agency. At the same time, inheritance rights of their own children are not affected by the guardianship arrangement.

A most attractive feature of guardianship--especially to foster parents who have been in the program for many years and usually care for children for protracted periods of time--is that the agency may become less involved in the foster home once guardianship is established. Thus, foster parents are able to feel that their home and their lives are more "normal" and less supervised by an outside public agency. In spite of the advantages of guardianship perceived by foster parents, most welfare departments do not see guardianship as a very attractive alternative to foster care. According to welfare department officials, guardianship does not significantly change the foster care arrangement and may give foster parents a false sense of independence and responsibility. In their view, the tradeoff between a bit less agency control and a bit more nominal stability is not really worthwhile.

Long-Term Foster Care

The most common outcome of foster care, called "long term foster care" in social work textbooks and rhetoric, differs from regular foster care only because it lasts longer. Foster parents who care for one child for 18 years are technically treated the same as parents who care for a child for 6 months; they receive no additional freedom, responsibility or renumeration. However, in some California counties, foster parents are negotiating for signed agreements with welfare agencies, that exchange a foster parent's promise to care for a specific child until he or she reaches maturity for the agency's promise to give the foster parents more responsibility and independence. These agreements are not legally binding and any child may still be moved if the agency or foster parent desires. However, they do reflect the expectation that a particular placement will continue for a long time and approximate a normal family situation. In effect, long-term agreements define clearly the agency and foster parent roles and give all parties a better idea of how responsibility is exercised and shared.

POLICY IMPLICATIONS

At present, the likelihood of a child's being adopted or a long-term foster care agreement being effected depends largely on the social worker's motivation and outlook, the natural parents' chances for rehabilitation and the foster parents' ability to pressure the agency to make permanent or quasi-permanent plans. There are no deadlines or time limits built into the foster care process to insure that decisions are made about a foster child's future. According to California statute, termination proceedings against natural parents may be started for different reasons after various amounts of time have elapsed.[15] But there is no law nor administrative regulation to say that if a child has not returned to his or her natural family after a designated period of time, permanent alternative plans must be formulated. As it now stands, an adoptions worker might never look into the possibility of finding a permanent home for a child or might begin when the child is 12 and therefore "unadoptable." Similarly, a placement worker might never attempt to develop a permanent long-term plan of care with foster parents. Because the system is riddled with uncertainties and there are no administrative or legal mechanisms to force long-term decision-making, children who might otherwise be able to gain some stability and continuity remain in unstable, shifting foster care arrangements. It is, of course, difficult to decide that a child will never return home to his or her natural parents and to act on that decision by developing a permanent alternative arrangement. But, it is often more difficult for a child to be faced with the constant insecurity of being someone's foster son or daughter.

MAJOR PROBLEMS IN THE CURRENT SYSTEM

The foster care system in California is very different from the system described in social work textbooks or in federal and state regulations. The following examples reveal some of the discrepancy between the ideal system and reality.

Children should grow up in families -- either their own, in homes of relatives or when necessary, with foster families who are prepared to deal with a child's particular problems and needs.

> BUT children are coercively removed from their families before less drastic methods for solving family problems are tried.
>
> People are discouraged from opening their homes to children of relatives because relatives are paid at a very low rate -- much lower than that paid to strangers who become foster parents.
>
> Foster parents receive little education or training to help them respond to special problems of foster children. In many cases, they are forced to care for children with serious problems or handicaps for whom they are not properly prepared.

Foster care should be used as a last resort, if all other alternatives have been tried and proven ineffective or if the social agency can demonstrate clearly that other methods could not solve the problems that make foster care necessary.

> BUT social service cutbacks have led to the

withdrawal of preventive services for families in trouble, and since there are often no alternatives open to the public agency, foster care is frequently used before any other method has been tried.

The public agency is not required to show in juvenile court that other services have even been contemplated; the judge or referee rarely asks if alternatives less drastic than foster care might have been effective.

Foster care should be short-term care, designed to be used in times of family emergency and not as a long-term way of life for a child.

BUT Too many children spend a major portion of their lives in foster homes. Moreover, after placement is made, it seems as if long-term planning stops.

As soon as a child enters the foster care system, long-range plans should be developed and conscientiously followed by all social agencies involved in the case. Long-range plans should be developed in conjunction with the natural parents, the foster parents, the child, and the social agency representatives.

BUT Planning is rarely an agency priority and too often plans merely specify "long-term foster care."

There is no mechanism to assure that plans are made and followed. Rarely are time limits defined for foster care. Moreover, the natural parents and the agency have no specified agenda for change that must be followed before a child can be returned to his or her natural home.

The major goal of foster care should be reunification of a strengthened natural family, as soon as possible.

BUT After placement, social work energy is rarely directed toward the natural family, but rather is concentrated on maintaining the foster home placement and avoiding crises.

Natural parents rarely know what they must do in order to prove they are "fit" to have their children returned. The agency does not work on clearly describing what parental behaviors and/or activities must be changed before the family can be reunited.

If a child will not be able to return to the natural home, other stable alternatives should be explored -- these include adoption, guardianship and/or long-term foster care (with clearly defined responsibilities for the agency and the foster family).

BUT Adoption plans are not made for many children, either because of the time and energy needed to file a 232 petition or because the child is considered "unadoptable." Given the adoption market at the present time, it seems unreasonable to consider any child "too old" or "too handicapped" to be adopted.

Many foster parents who might like to adopt their foster children and therefore, provide them with a more legally and emotionally stable environment do not have sufficient economic means to do so. Subsidized adoption is not used often enough to help these parents; frequently, prospective adoptive parents do not even know that adoption subsidies are available.

Long-term foster care is often just as unstable as short-term arrangements because foster parents have no clear conception of their rights and responsibilities. Moreover, the welfare agency rarely differentiates among foster parents, and as a consequence, foster parents who care for one child for many years are given no more independence or responsibility than foster parents who provide short-term care.

The long-term policy implications of the way in which the foster care system is organized and operated are clear: Too many children are removed from their parents before all other less drastic measures have been exhausted. After children are removed, little effort is made to solve the problems that led to public intervention and removal. Both the court dependency process and welfare department decision-making ignore legal and administrative safeguards. No public agency -- at any level of government -- enforces a requirement to assure that children receive adequate care and as much stability as possible when they are removed from their parents. As a result, short-term foster care stretches out over long periods of time and children grow up in uncertain, shifting living arrangements.

Foster Care of Children

Prepared for the Senate
Subcommittee on Children and Youth
and the House Select
Subcommittee on Education
by the
State of Minnesota
Department of Public Welfare

November, 1975

Minnesota is a county-administered, state-supervised welfare system. As of March 31, 1975, there were approximately 7400 children placed in foster family and group homes. There were 4,643 licensed family homes and 84 licensed group homes. In addition, as of June 30, 1975, approximately 745 children with emotional handicaps were in 29 residential treatment centers. Included in the above figures are 1628 children under state guardianship as dependent and neglected who were in foster family and group homes.

The numbers of children in placement over the last few years has remained fairly constant with a small decrease in the number of children in foster family homes and a somewhat larger increase of children in group homes. (See Appendix, "Trends in Child Social Service Caseload, Five-Year Period 1971-75.)

Minnesota struggles with similar concerns as are being identified throughout the country. While we pride outselves on our efforts to raise standards and upgrade the quality of our services, we are painfully aware of the distance we must go to close the gap between what we know is desirable and what our present capabilities permit.

Unfortunately, we suffer from the lack of hard data to document what is happening in foster care. We hope to gain a better sense of this when a current study and evaluation of foster care throughout the state is completed.

Despite this lack of data, we know that there are weaknesses in our foster care system. From formal as well as informal contacts with agency foster care workers, foster parents, foster children and the parents of foster children, we know that many components of good foster care practice are missing. A state agency can establish standards and provide guidelines; the real problem lies in improved capabilities needed by the local agencies to implement such standards.

What are some of our concerns? Prevention is a primary concern. Undoubtedly, many foster care placements could have been prevented if other programs geared toward strengthening families and keeping them intact had been given high priority along with funding to make them possible. Such services should include family life and parenting education as part of a youngster's secondary school curriculum; counseling programs for families to assist them through periods of stress, with particular emphasis upon marital counseling for couples; family subsidies and employment opportunities as means for preventing the stress that develops when families face overwhelming financial burdens; early case-finding to identify potential problem situations; in-home services such as homemakers, as a means for helping families before their situation deteriorates to the point of requiring more drastic measures.

However, even if a reasonable effort were made in prevention and early intervention, other concerns exist as well. We are convinced that foster care for the great majority of children placed, can be what it was originally intended to be — a temporary substitute arrangement for a child while something is done to correct or ameliorate the circumstances which necessitated placement. We hold to the belief that most families can be rehabilitated and that the majority of children in foster care can be reunited with their families. We are well aware of the Maas and Engler study which revealed that if a child is in foster care for more than two years, he is likely to remain in foster care. Intensity of service over a short period of time is crucial. It is with consternation that we review figures compiled by our Department in June of 1973 which indicate that over one-third of the children in foster care in Minnesota had been in placement for five years or longer and almost two-thirds of the children had been in placement for over two years.

The kind of intensive efforts required to restore families in a short period of time demands staff of adequate size with adequate training. Foster care service is complex and time consuming. Skilled staff with manageable caseloads are essential. It takes time and skill to alter conditions in the child's own family or, if this is not feasible, to help the family relinquish the child so that other permanent plans can be made. It takes time and skill to help a child who is separated from his family so that the placement is a constructive rather than a destructive experience. It takes time and skill to support and assist a foster family in their efforts toward a separated child who is in need of unusually sensitive and skilled parenting. These intensive efforts are virtually impossible with agencies fighting the constant and ever-losing battle of insufficient funds to hire, train and retain sufficient staff to carry out this complex and demanding job. To add to the problem, staff turnover is high. Social workers are candid about the frustrations of being inadequate to an impossible task. This turnover produces, in turn, an additional barrier to fulfilling the service objectives, for the child, his family and the foster parents must establish a workable relationship with a new service worker. This new worker is likely to have less experience and skill, not to mention less time because he is orienting to a new job. It can become a vicious cycle.

A major problem is the shortage of foster homes. Foster parenting is an extraordinarily demanding task, yet most foster parents are paid barely enough to cover the costs of a child's care. In Minnesota, the local agencies establish their own foster care rates. The state agency provides guidelines based upon Bureau of Labor Statistics cost-of-living figures. The present recommended payments range from $104 to $153 per month, depending upon the age of the child, and cover food, clothing, personal allowances and miscellaneous expenses. Counties are encouraged to pay foster parents a service fee above and beyond these maintenance figures but are either hard-pressed for funds or restricted by conservative boards who continue to view foster parents as good-hearted volunteers. We believe that if foster parents were compensated adequately for their services it would be possible to recruit and retain better quality foster homes. The professionalization of foster parents would affect the status of foster parenting making it possible to tap new resources. Many now entering the job market might be attracted to this job instead. Foster care providers could be required to participate in the training necessary to carry out the job.

The tragic consequences of being forced to place a child in an unsuitable home due to a shortage of homes is that the placement is too often destined for failure. As a result, children are too frequently moved from home to home or, as the problems compound, to facilities such as group homes or residential treatment centers. The price that is paid in terms of the consequences for the child is evident: the ultimate financial costs to society are also apparent. The payment of $15 per day at the outset to trained and skilled foster parents might have made it possible to achieve the objectives of the placement. How much less costly to keep a child in such a home for a year than to find that same child ultimately costing $35 to $50 per day in a residential treatment center! In other words, the opportunities for accomplishing something constructive with placement decrease with each move and finally disappear altogether.

The Minnesota legislature has for four years appropriated funds for the treatment of children with emotional handicaps. $2,212,000 was appropriated for the biennium July 1, 1975 to July 1, 1977. This provides for up to 70% state participation in the total cost. Priorities for the use of the funds are as follows: Priority one, children under age 12 in residential treatment centers; priority two, children aged 12-18 in residential treatment centers; priority three, children in group homes; priority four, children in foster family homes. Unfortunately, it is unlikely that there will be sufficient funds to cover more than priority one and a portion of priority two. The funds will not stretch to support specialized family or group homes to prevent institutionalization. One of the Title XX goals is the prevention of inappropriate institutional care by providing community based care. This goal could be helped to become a reality if the total costs of a child's care in foster family homes were federally reimbursable from Social Service funding made possible by an increase in the current 2.5 billion ceiling.

There are several steps we would like to undertake at the state level but cannot due to shortage of funds for sufficient staff. One such step would be to provide more program direction and technical assistance to the local agencies. A second would be to provide more skill training to agency service workers. A third step would be to provide special attention to the foster care needs of minority group families; a fourth step would be to develop an adequate information system. Unfortunately, our limited staff and funding limitations currently impede this effort.

In our opening paragraph we indicated that there are approximately 7400 children receiving foster care in Minnesota. The payments for foster care total $24,406,510 annually. Slightly over nine million dollars of these payments were through the Aid to Families with Dependent Children Foster Care Program. The federal share was $5,184,082, with the remainder of slightly under four million dollars being state and county funds. Of the other fifteen million dollars, about 2.2 million were federal funds and the balance state and local dollars. Federal funds, therefore, provide for only about thirty percent of the cost of foster care itself in Minnesota.

We would like to comment briefly on the report prepared for this subcommittee by Paul E. Mott, Ph.D., entitled "Foster Care and Adoption: Some Key Policy Issues."

The five goals recommended in the report are consistent with our views, particularly in regard to foster care. We do have some concerns, however, about some of the recommendations made under Goal No. 5 - "Providing stable foster care settings for those children who need it." We favor increased involvement of foster parents in order to benefit from their knowledge of the children in their care. We are, however, concerned about the following recommendations:

1) "Shift the focus from the agency to the foster parents...."
2) "Change the existing expectations of all participants that placements are temporary."
3) "Before making a placement decision, determine that the placement has the potential for a long-term commitment to the child."

The reason for our taking issue with these recommendations is that we still hold to the belief that appropriate and intensive services can restore families and that this must be given a chance before we assume that these families are not restorable. Those pilot projects which have poured skilled intensive efforts into either returning a child home or making another permanent plan have demonstrated that it can be done.

An example of one of these pilot projects is summarized in the article entitled "Reducing the Length of Foster Care" attached in the Appendix. Child and Family Services of Chicago, Illinois, demonstrated that 84 out of 87 children placed in foster care could find a permanent home in no more than eighteen months. Underlying the agency's effort were the following contentions:

1) Every child has a right to a permanent home.
2) Foster care is a temporary arrangement, not a solution.
3) Extended foster care is damaging to children.
4) Only two roads to permanence exist for the child: rehabilitating his natural parents or family, or helping them to free him for adoption.

5) Inactivity on the part of the caseworker and/or the child's parents perpetuates the state of extended foster care.

6) Adoption is a realistic alternative for the older child.

Essentially, the agency questioned its own traditional approach to permitting parents to flounder in indecision for indefinite periods of time while their children were in "limbo" in foster care. The agency provided intensive services to the natural parents to help them correct the problems which precipitated the placement and to help them follow through on the decision as to whether the child was to return home or to be released for adoption.

They summarise their project in the following words: "The crucial questions then are not whether natural parents can be rehabilitated or which children are adoptable, but whether we can be creative in working with natural parents and inventive in finding adoptive homes for the hundreds of children whose physical, emotional and social circumstances have caused them to be denied their birthright."

We are concerned, then, about the hazards of operating on the assumption that placements of children in foster care are likely to be long-term. The expectations of foster parents, agency, children and natural parents would operate against, virtually preclude, efforts toward returning the children to their own families.

We believe the major intent of possible congressional action in the foster care area should be directed toward rectifying several key problems.

1) Recognize both foster care and agency service to children and their families as an integrated service to be funded at the seventy-five percent level, as is possible for other social services at the present time through Title XX. For this to have an impact, an increase in the Title XX ceiling would be necessary.

2) Provide recommended opportunities for the training of child welfare staff through an increase in the present Title IV-B appropriation.

3) Encourage the development of innovative services to children and their families so as to prevent separating children from their families and reducing the length of time that children are in foster care. Such encouragement could be provided through demonstration project funding.

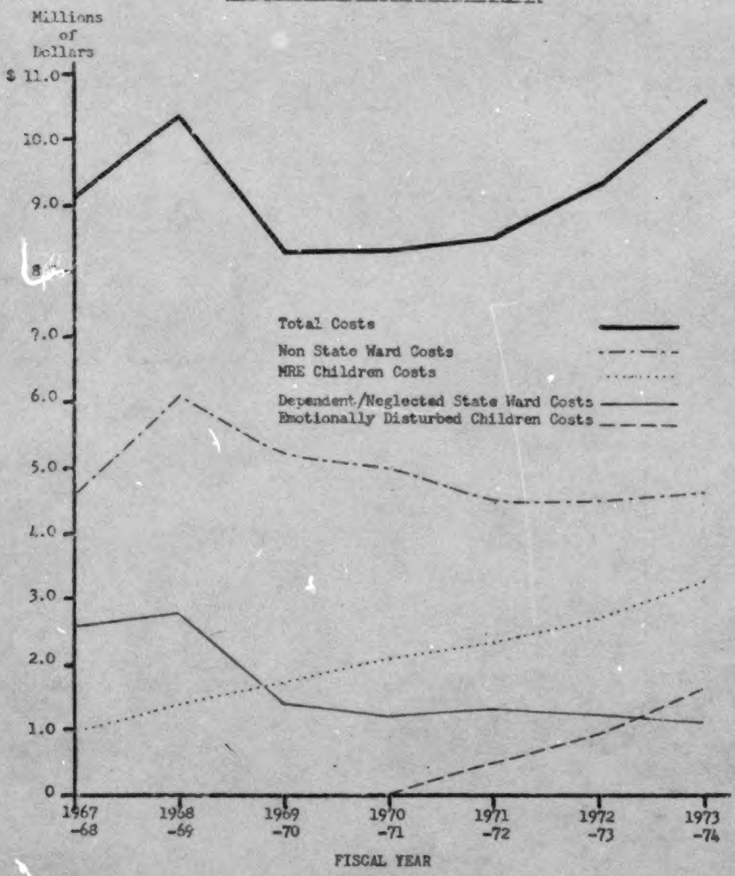
ZF:rj

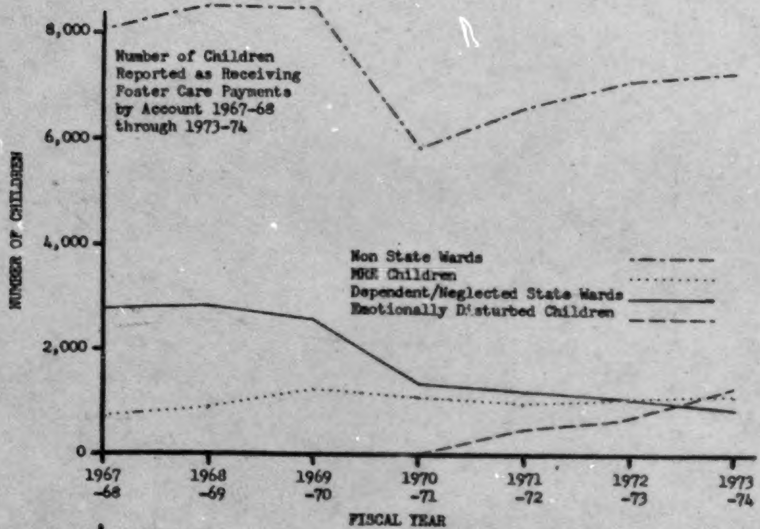
? II.

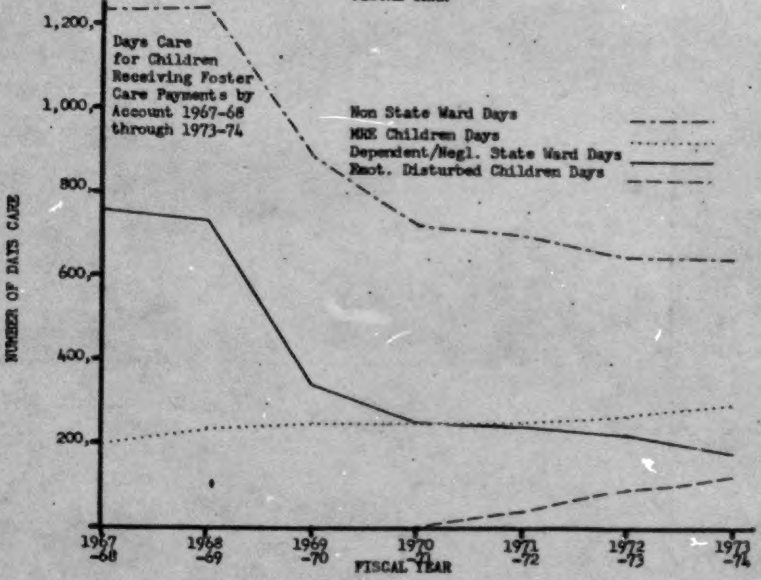
MINNESOTA DEPARTMENT OF PUBLIC WELFARE

INFORMATIONAL BULLETIN NO. 93

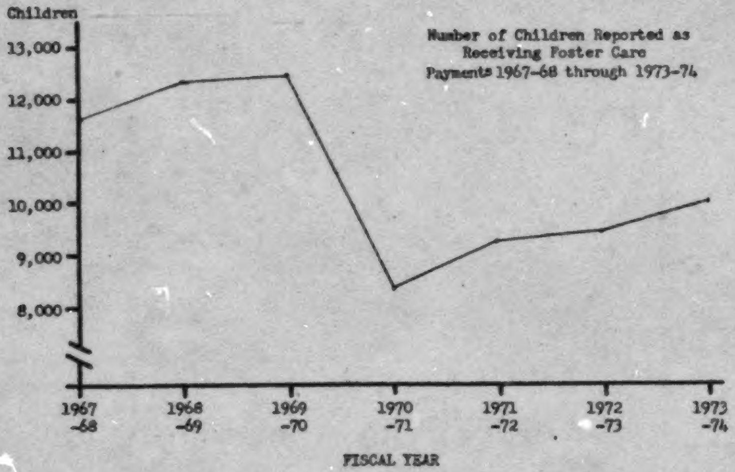
COST OF PROVIDING FOSTER CARE
FISCAL YEARS 1967-68 THROUGH 1973-74



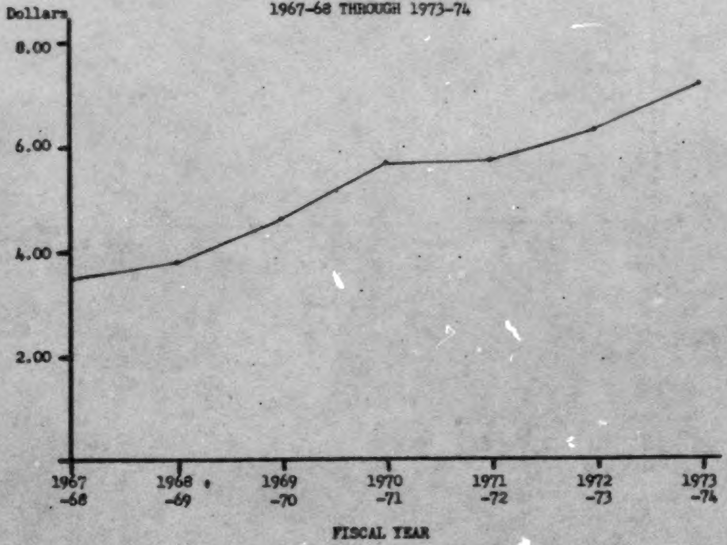

Number of Children Reported as Receiving Foster Care Payments by Account 1967-68 through 1973-74
NUMBER OF CHILDREN
8,000
6,000
4,000
2,000
0
Non State Wards
MRE Children
Dependent/Neglected State Wards
Emotionally Disturbed Children
1967 -68
1968 -69
1969 -70
1970 -71
1971 -72
1972 -73
1973 -74
FISCAL YEAR


Days Care for Children Receiving Foster Care Payments by Account 1967-68 through 1973-74
NUMBER OF DAYS CARE
1,200
1,000
800
600
400
200
Non State Ward Days
MRE Children Days
Dependent/Negl. State Ward Days
Emot. Disturbed Children Days
1967 -68
1968 -69
1969 -70
1970 -71
1971 -72
1972 -73
1973 -74
FISCAL YEAR

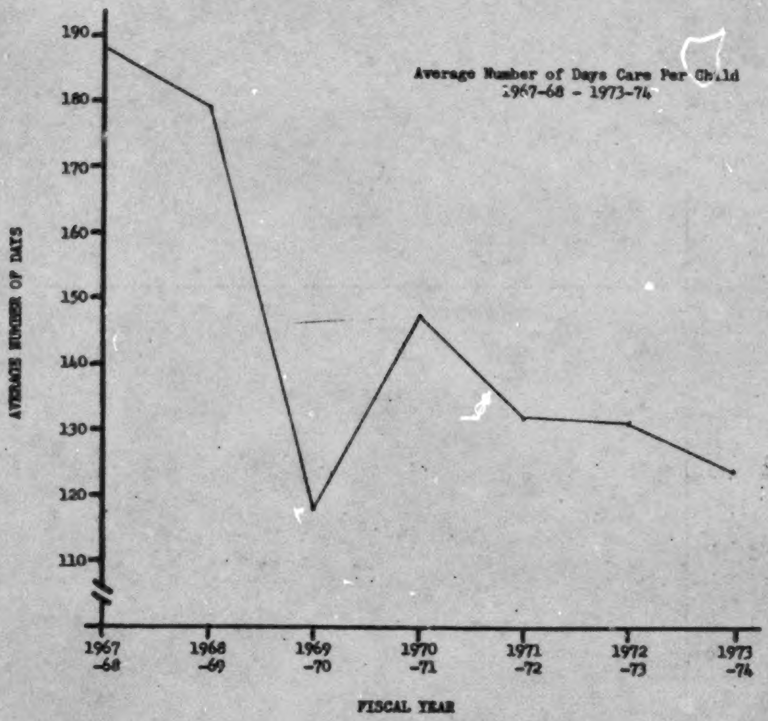
INFORMATIONAL BULLETIN NO. 93 TRENDS - Continued


Number of Children Reported as Receiving Foster Care Payments 1967-68 through 1973-74

AVERAGE DAILY BOARD AND ROOM RATES
1967-68 THROUGH 1973-74



INFORMATIONAL BULLETIN NO. 93 TRENDS - Continued



Average Number of Days Care Per Child
1967-68 - 1973-74

Department of Public Welfare
Bureau of Support Services
Research and Statistics Division
January, 1975

MINNESOTA DEPARTMENT OF PUBLIC WELFARE

INFORMATIONAL BULLETIN NO. 93

COST OF PROVIDING FOSTER CARE 1973-74

(Does not include AFDC Foster Care and Purchase of Service Foster Care Costs)

As seen in the cover chart and Table 3 of this report, foster care costs increased somewhat more during 1973-74 than in the preceding year ($10,563,664 compared to $9,312,827 and $8,533,057). AFDC - Foster Care costs rose to $8,031,453 in 1973-74 while institutional type care was provided for some individuals under "Purchase of Service" for approximately $2,624,422. Therefore, total foster care costs for Minnesota in 1973-74 exceeded $21,200,000. This represents an overall 5% increase in foster care costs.

The total number of children receiving foster care payments under accounts included in this report increased slightly. This increase reflects a large increase in emotionally disturbed children (713 to 1,294) and small increases in MR/E children (1,061 to 1,11[illegible]) and non-state wards (6,623 to 6,702) less an almost 20% decrease in state wards (853 from 1,058).

There was a small net increase in days care for 1973-74 with increased days care for emotionally disturbed and MR/E children exceeding the decreases in days care for state wards and non-state wards.

Daily board and room rates rose 14.2% during 1973-74 compared to 9.6% in 1972-73 and 1971-72. This increase probably does not reflect total increase in daily board and room rates since many higher cost days care are being provided under Purchase of Service and because this total is artifically lowered by Hennepin County's method of splitting costs between emotionally disturbed children reported here and under Purchase of Service.

The relatively low number of days care for emotionally disturbed children may reflect many cases having their first six months of care reported under Purshase of Service.

Percent Change 1972-73 to 1973-74 compared to Percent Change 1971-72 to 1972-73

	Daily Board and Room Rate		Average Days Care Per Child	
	1972-73 to 1973-74	1971-72 to 1972-73	1972-73 to 1973-74	1971-72 to 1972-73
Total	+14.2%	+ 9.6%	- 5.3%	- 0.8%
MR/E	+10.7%	+ 5.8%	+ 3.6%	- 0.8%
State Wards	+ 7.7%	+ 7.6%	0.0%	+ 4.0%
Non-State Wards	+ 4.6%	+ 7.7%	- 3.0%	- 6.6%
Emotionally Disturbed	+32.3%	-16.7%	-23.8%	+52.5%

TABLE 1

ANALYSIS OF FOSTER CARE COST CHANGE FROM 1972-73 TO 1973-74

	Dependent and/or Neglected State Wards	MRE Children	Non-State Wards	Emotionally Disturbed
Foster Care Costs 1973-74	$1,071,479.53	$3,259,153.81	$4,624,722.67	$1,608,308.19
Foster Care Costs 1972-73	1,233,577.00	2,657,749.17	4,549,765.53	871,755.73
Change in Cost	-162,077.47	+601,404.64	+74,957.14	+736,552.46
Percent Change	-13.1%	+22.6%	+ 1.6%	+84.5%
Board and Room Costs 1973-74	895,852.65	2,954,883.09	3,504,566.31	1,461,316.57
Board and Room Costs 1972-73	1,032,015.83	2,461,674.12	3,376,497.31	793,118.57
Change in Board and Room Costs	-136,163.18	+493,208.97	+128,069.00	+668,198.00
Percent Change	-13.2%	+20.0%	+ 3.8%	+84.2%
Clothing Costs 1973-74	24,309.52	17,832.24	227,864.08	57,241.08
Clothing Costs 1972-73	55,153.37	26,239.74	277,945.33	35,811.41
Change in Clothing Costs	-30,843.85	- 8,456.50	- 50,081.25	+21,429.67
Percent Change	-55.9%	-32.2%	-18.0%	+59.8%
Medical Costs 1973-74	20,237.53	83,405.24	388,524.11	77,089.68
Medical Costs 1972-73	26,966.39	63,985.25	381,268.55	37,313.11
Change in Medical Costs	- 6,728.86	+19,419.99	+ 7,255.56	+39,776.57
Percent Change	-25.0%	+30.4%	+ 1.9%	+106.6%
Miscellaneous Costs 1973-74	131,079.83	203,032.24	503,768.17	12,660.86
Miscellaneous Costs 1972-73	119,421.41	105,800.06	514,054.34	5,512.64
Change in Miscellaneous Costs	+11,658.42	+97,232.18	-10,286.17	+7,148.22
Percent Change	+ 9.8%	+91.9%	- 2.0%	+129.7%

TABLE 2

CHILD WELFARE EXPENDITURES 1973-74

	1973-74	1972-73	Percent Change From 1972-73
Foster Care Expenditures	$10,563,664.20*	$9,312,827.43**	+13.4%
Guardianship Status			
Dependent and/or Neglected State Wards(a)	1,071,479.53	1,233,557.00	-13.1%
Mentally Retarded and/or Epileptic Children	3,259,153.81	2,657,749.17	+22.6%
Non-State Wards (b)	4,624,722.67	4,549,765.53	+ 1.6%
Emotionally Disturbed	1,608,308.19	871,755.73	+84.5%

* Does not include $8,031,453.22 AFDC - Foster Care Costs 1973-74, and does not include approximately $2,624,422.00 Purchase of Service costs estimated for 1973-74.

** Does not include $7,643,173.36 AFDC - Foster Care Costs 1972-73, and does not include approximately $3,276,870.00(c) Purchase of Service costs estimated for 1972-73.

(a) Includes $39,666.25 for 31 Indian children.

(b) Includes $133,369.95 for 76 Indian children.

(c) This figure is less than Purchase of Service costs reported elsewhere because it does not include $298,790.21 from Ramsey County which is distributed through various accounts on this report.

TABLE 3

ABSOLUTE TREND IN COST OF FOSTER CARE

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	$10,283,554	$8,311.961	$8,277,679	$8,533,057	$9,312,827	$10,563,664
Dependent and/or Neglected State Wards	2,786,572	1,436,588	1,221,321	1,272,419	1,233,557	1,071,479
MRE Children	1,364,785	1,684,741	2,064,543	2,326,869	2,657,749	3,259,154
Non-State Wards	6,132,197	5,190,632	4,991,815	4,455,789	4,549,765	4,624,723
Emotionally Disturbed	-	-	-	477,980	871,756	1,608,308

TABLE 4

RELATIVE TREND IN COST OF FOSTER CARE

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dependent and/or Neglected State Wards	27.1%	17.3%	14.8%	14.9%	13.2%	10.1%
MRE Children	13.3%	20.3%	24.9%	27.3%	28.5%	30.9%
Non-State Wards	59.6%	62.4%	60.3%	52.2%	48.9%	43.8%
Emotionally Disturbed	-	-	-	5.6%	9.4%	15.2%

TABLE 5

ABSOLUTE TREND IN THE NUMBER OF CHILDREN

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	12,315	12,374	8,383	9,294	9,371	9,959
Dependent and/or Neglected State Wards	2,826	2,594	1,388	1,218	1,058	853*
MRE Children	903	1,284	1,132	989	1,061	1,110*
Non-State Wards	8,586	8,496	5,863	6,623	6,539	6,702*
Emotionally Disturbed	-	-	-	464	713	1,294*

* Number of children in private child caring institutions: (35 Dependent and/or Neglected Wards), (562 MRE children), (317 Non-Wards), (651 Emotionally Disturbed)

TABLE 6

RELATIVE TREND IN IN THE NUMBER OF CHILDREN

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Depedent and/or Neglected State Wards	22.9%	21.0%	16.6%	13.1%	11.3%	8.6%
MRE Children	7.3%	10.4%	13.5%	10.6%	11.3%	11.1%
Non-State Wards	69.8%	68.6%	69.9%	71.3%	69.8%	67.3%
Emotionally Disturbed	-	-	-	5.0%	7.6%	13.0%

TABLE 7

ABSOLUTE TREND IN THE NUMBER OF DAYS OF FOSTER CARE

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	2,203,844	1,461,410	1,229,531	1,230,168	1,223,479	1,232,404
Dependent and/or Neglected State Wards	735,406	334,853	254,794	244,530	221,491	178,486
MRE Children	229,273	244,591	252,644	248,740	265,019	287,394
Non-State Wards	1,239,165	881,966	722,093	699,998	650,209	645,640
Emotionally Disturbed	-	-	-	36,900	86,760	120,884

TABLE 8

RELATIVE TREND IN THE NUMBER OF DAYS OF FOSTER CARE

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Dependent and/or Neglected State Wards	33.4%	22.9%	20.7%	19.9%	18.1%	14.5%
MRE Children	10.4%	16.7%	20.6%	20.2%	21.7%	23.3%
Non-State Wards	56.2%	60.4%	58.7%	56.9%	53.1%	52.4%
Emotionally Disturbed	-	-	-	3.0%*	7.1%*	9.8%*

* The relatively small portion of days care for emotionally disturbed children may be due to the fact that many of these are children for whom the first six months of care are reported on Purchase of Service.

TABLE 9

TREND IN THE AVERAGE COST PER CHILD

Guardianship of Child	1968-69	1969-70	1970-71	1971-1972	1972-73	1973-74
Total	$ 835.04	$ 671.73	$ 987.44	$ 918.13	$ 993.79	$1,060.72
Dependent and/or Neglected State Wards	985.05	553.81	879.91	1,044.68	1,165.93	1,256.13*
MRE Children	1,511.39	1,312.10	1,823.80	2,352.75	2,504.95	2,736.17*
Non-State Wards	714.21	620.95	851.41	672.77	695.79	690.05*
Emotionally Disturbed	-	-	-	1,030.13	1,222.66	1,242.90*

* The average annual cost per child for children in private child caring institutions is: ($3,173.41 Dependent and/or Neglected Wards), ($4,037.85 MRE children), ($1,232.17 Non-State Wards), ($1,733.06 Emotionally Disturbed)

Note: If Hennepin County, which reports maintenance costs only for most emotionally disturbed children in institutions, is disregarded the average cost for emotionally disturbed children is $1,780.52 while the average cost for emotionally disturbed children in institutions is $3,437.71.

TABLE 10

TREND IN AVERAGE NUMBER OF DAYS CARE PER CHILD

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	179	118	147	132	131	124
Dependent and/or Neglected State-Wards	260	129	184	201	209	209*
MRE Children	253	190	223	252	270	259*
Non-State Wards	144	103	123	106	99	96*
Emotionally Disturbed	-	-	-	80	122	93*

* The average number of days care per child in private child caring institutions is: (195 Dependent and/or Neglected State Wards), (279 MRE children), (75 Non-State Wards), (120 Emotionally Disturbed)

TABLE 11

TREND ON AVERAGE DAILY COST OF BOARD AND ROOM

Guardianship of Child	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	$ 3.77	$ 4.68	$ 5.69	$ 5.71	$ 6.26	$ 7.15
Dependent and/or Neglected State Wards	3.15	3.53	3.97	4.33	4.66	5.02*
MRE Children	5.30	6.20	7.41	8.78	9.29	10.28*
Non-State Wards	4.12	4.69	5.69	4.82	5.19	5.43*
Emotionally Disturbed	-	-	-	10.97	9.14	12.09*

* The average daily cost of board and room for children in institutions. ($15.34 Dependent and/or Neglected Wards), ($14.13 MRE children), ($14.38 Non-State Wards), $13.32 Emotionally Disturbed)

Note: If Hennepin County, which reports maintenance costs only for most emotionally disturbed children in institutions, is disregarded the average cost for emotionally disturbed children become; total $16.44, institution $25.66.

TABLE 12

RELATIVE TREND ON COST PER EXPENSE ITEM

Dependent and/or Neglected State Wards	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Board and Room	83.2%	82.[illegible]%	82.9%	83.2%	83.6%	83.6%
Clothing	8.7%	8.5%	6.9%	5.9%	4.5%	2.3%
Medical	0.5%	0.4%	0.9%	0.8%	2.2%	1.9%
Miscellaneous	7.6%	8.8%	9.3%	10.1%	9.[illegible]%	12.2%
MRE Children	**1968-69**	**1969-70**	**1970-71**	**1971-72**	**1972-73**	**1973-74**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Board and Room	89.1%	90.0%	90.6%	93.9%	92.6%	90.7%
Clothing	1.8%	1.5%	1.1%	1.0%	1.0%	0.5%
Medical	3.8%	2.7%	3.0%	3.0%	2.4%	2.6%
Miscellaneous	5.3%	5.8%	5.3%	2.1%	4.0%	6.2%
Non-State Wards	**1968-69**	**1969-70**	**1970-71**	**1971-72**	**1972-73**	**1973-74**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Board and Room	83.3%	79.8%	82.3%	75.7%	74.2%	75.8%
Clothing	7.1%	7.1%	6.0%	6.5%	6.1%	4.9%
Medical	4.8%	7.9%	5.1%	7.1%	8.4%	8.4%
Miscellaneous	4.8%	5.2%	6.6%	10.7%	11.3%	10.9%
Emotionally Disturbed	**1968-69**	**1969-70**	**1970-71**	**1971-72**	**1972-73**	**1973-74**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Board and Room	-	-	-	84.7%	91.0%	90.[illegible]%
Clothing	-	-	-	5.9%	4.1%	3.6%
Medical	-	-	-	9.0%	4.3%	4.8%
Miscellaneous	-	-	-	0.8%	0.6%	0.8%

TABLE 13

RELATIVE TREND OF URBAN AND RURAL COUNTY COSTS

Dependent and/or Neglected State Wards	1968-69	1969-70	1970-71	1971-72	1972-73	1973-74
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urban Expenditures	75.3%	70.2%	73.6%	75.3%	76.6%	76.2%
Rural Expenditures	24.7%	29.8%	26.4%	24.7%	23.4%	23.8%
Urban Children	72.9%	74.5%	73.7%	74.4%	73.8%	73.2%
Rural Children	27.1%	25.5%	26.3%	25.6%	26.2%	26.8%
MRE Children	**1968-69**	**1969-70**	**1970-71**	**1971-72**	**1972-73**	**1973-74**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urban Expenditures	63.9%	61.9%	54.7%	56.2%	60.5%	61.1%
Rural Expenditures	36.1%	38.1%	45.3%	43.8%	39.5%	38.9%
Urban Children	62.4%	66.7%	62.9%	56.9%	60.9%	63.0%
Rural Children	37.6%	33.3%	37.1%	43.1%	39.1%	37.0%
Non-State Wards	**1968-69**	**1969-70**	**1970-71**	**1971-72**	**1972-73**	**1973-74**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Urban Expenditures	65.1%	70.4%	75.1%	74.0%	75.3%	70.3%
Rural Expenditures	34.9%	29.6%	24.9%	26.0%	24.7%	29.7%
Urban Children	62.0%	64.4%	62.9%	65.7%	68.9%	65.0%
Rural Children	38.0%	35.6%	37.1%	37.1%	31.1%	35.0%
Emotionally Disturbed	**1968-69**	**1969-70**	**1970-71**	**1971-72**	**1972-73**	**1973-74**
Total	-	-	-	100.0%	100.0%	100.0%
Urban Expenditures	-	-	-	79.8%	62.9%	59.4%
Rural Expenditures	-	-	-	20.2%	37.1%	40.6%
Urban Children	-	-	-	73.9%	64.2%	69.0%
Rural Children	-	-	-	26.1%	35.8%	31.0%

TABLE 14

COST OF PROVIDING CARE AND SUPPORT OF DEPENDENT AND/OR NEGLECTED WARDS OF THE COMMISSIONER OF PUBLIC WELFARE, 1973-74

County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Number of Children Receiving Foster Care	Board and Room Average Cost Per Child	Board and Room Number of Days Care	Average Daily Cost
Total State	$895,852.65	$24,309.52	$20,237.53	$131,079.83	$1,071,479.53	853	$1,256.13	178,486	$ 5.02
Total Urban	669,094.42	15,348.26	15,372.14	116,945.38	816,760.20	624	1,308.91	128,777	5.20
Hennepin	378,776.33	8,231.56	14,645.52	106,292.45	507,945.86	347	1,463.82	69,805	5.43
Ramsey	120,833.59	5,273.10	726.62	6,038.10	132,871.41	135	984.23	24,645	4.90
St. Louis	169,484.50	1,843.60	-	4,614.83	175,942.93	142	1,239.03	34,327	4.94
Total Rural	226,758.23	8,961.26	4,865.39	14,134.45	254,719.33	229	1,112.31	49,709	4.56
Aitkin	4,349.00	-	-	18.00	4,367.00	3	1,455.07	760	5.72
Anoka	10,530.69	42.90	-	216.55	10,790.14	5	2,158.03	1,421	7.41
Becker	4,728.07	441.99	-	234.58	5,404.64	6	900.77	1,308	3.61
Beltrami	7,591.65	222.55	-	826.13	8,640.33	8	1,080.04	1,353	5.61
Benton	7,411.40	-	698.50	595.00	8,704.90	3	2,901.63	1,155	6.42
Big Stone	-	-	-	-	-	-	-	-	-
Blue Earth	5,928.37	-	-	-	5,928.37	5	1,185.67	1,532	3.87
Brown	-	-	-	-	-	-	-	-	-
Carlton	4,870.70	148.00	18.64	66.00	5,103.34	4	1,275.84	1,076	4.53
Carver	-	-	-	-	-	-	-	-	-
Cass	33,047.22	1,376.48	500.00	3,287.86	38,212.16	28	1,364.72	6,632	4.98
Chippewa	1,100.00	84.00	9.00	6.00	1,199.00	3	399.67	518	2.12
Chisago	-	-	-	-	-	-	-	-	-
Clay	-	-	-	-	-	-	-	-	-
Clearwater	-	-	-	-	-	-	-	-	-
Cook	-	-	-	-	-	-	-	-	-
Cottonwood	3,231.91	214.69	698.40	130.80	4,275.80	3	1,425.27	533	6.06
Crow Wing	1,249.90	-	-	522.75	1,772.65	1(a)	1,772.65	261	4.79
Dakota	12,539.22	1,098.00	210.60	1,138.60	14,986.42	13	1,152.80	2,901	4.32
Dodge	481.27	81.37	21.00	-	583.64	3	194.55	249	1.93
Douglas	2,246.00	372.00	-	223.70	2,841.70	2	1,420.85	579	3.88

Table 14 - Cost of Providing Care and Support of Dependent and/or Neglected Wards of the Commissioner of Public Welfare, 1973-74 - (Continued)

								Board and Room	
County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Number of Children Receiving Foster Care	Average Cost Per Child	Number of Days Care	Average Daily Cost
Faribault	$ 1,538.40	$ -	$ -	$ -	$ 1,538.40	1(a)	$1,538.40	215	$ 7.16
Fillmore	1,220.90	154.00	8.00	674.00	2,056.90	1(a)	2,056.90	334	3.66
Freeborn	2,247.82	25.49	76.60	1,741.03	4,090.94	5	818.19	597	3.77
Goodhue	-	-	-	-	-	-	-	-	-
Grant	-	-	-	-	-	-	-	-	-
Houston	-	-	-	-	-	-	-	-	-
Hubbard	1,265.88	225.92	-	-	1,491.80	2	745.90	372	3.40
Isanti	425.00	43.00	-	37.00	505.00	1(a)	505.00	123	3.46
Itasca	4,507.50	-	167.00	162.00	4,836.50	5	967.30	944	4.77
Jackson	2,170.65	91.36	9.00	-	2,271.01	2	1,135.51	392	5.54
Kanabec	-	-	-	-	-	-	-	-	-
Kandiyohi	-	-	-	24.00	24.00	1(a)	24.00	-	-
Kittson	-	-	-	-	-	-	-	-	-
Koochiching	2,583.65	109.60	10.00	563.37	3,266.62	5	653.32	753	3.43
Lac qui Parle	-	-	-	-	-	-	-	-	-
Lake	359.28	28.70	-	-	387.98	2	193.99	150	2.40
Lake of the Woods	1,561.23	-	-	-	1,561.23	1(a)	1,561.23	365	4.28
LeSueur	-	-	-	-	-	-	-	-	-
Lincoln	-	-	-	-	-	-	-	-	-
Lyon	-	-	-	-	-	-	-	-	-
McLeod	3,486.50	71.01	34.80	28.00	3,620.31	1(a)	3,620.31	248	14.06
Mahnomen	9,466.93	166.35	-	77.30	9,710.58	5	1,942.12	1,764	5.37
Marshall	1,320.00	-	-	-	1,320.00	1(a)	1,320.00	366	3.61
Martin	-	-	-	-	-	-	-	-	-
Meeker	2,151.38	202.00	-	96.00	2,449.38	2	1,224.69	434	4.96
Mille Lacs	4,564.43	173.51	1,632.55	220.00	6,590.49	5	1,318.10	1,214	3.76
Morrison	8,335.15	998.88	63.00	103.35	9,500.38	7	1,357.20	2,123	3.93
Mower	3,000.45	-	55.50	34.90	3,090.85	9	343.43	531	5.65
Murray	1,508.50	18.00	-	39.50	1,566.00	2	783.00	509	2.96
Nicollet	1,260.00	-	-	-	1,260.00	1(a)	1,260.00	365	3.45
Nobles	1,080.00	47.75	-	99.87	1,227.62	1(a)	1,227.62	365	2.96
Norman	94.25	-	-	-	94.25	1(a)	94.25	31	3.04

Table 14 - Cost of Providing Care and Support of Dependent and/or Neglected Wards of the Commissioner of Public Welfare, 1973-74 - (Continued)

								Board and Room	
County	Board and Room	Clothing	Medical	Miscellaneous	Total Cost	Number of Children Receiving Foster Care	Average Cost Per Child	Number of Days Care	Average Daily Cost
Olmsted	$ 3,546.00	$ 397.00	$ -	$ 85.00	$ 4,026.00	6	$ 671.00	1,172	$ 3.03
Otter Tail	2,649.00	360.00	-	351.72	3,360.72	3	1,120.24	760	3.49
Pennington	-	-	-	-	-	-	-	-	-
Pine	14,558.85	544.56	-	290.75	15,394.16	9	1,710.46	2,533	5.75
Pipestone	1,280.80	-	-	-	1,280.80	1(a)	1,280.80	365	3.51
Polk	1,394.40	-	-	18.00	1,412.40	1(a)	1,412.40	396	3.52
Pope	1,086.45	135.84	-	-	1,222.29	1(a)	1,222.29	396	2.74
Red Lake	-	-	-	-	-	-	-	-	-
Redwood	-	-	212.54	-	212.54	2	106.27	-	-
Renville	-	-	-	-	-	-	-	-	-
Rice	-	-	-	-	-	-	-	-	-
Rock	-	-	-	-	-	-	-	-	-
Roseau	307.62	-	-	-	307.62	2	153.81	135	2.28
Scott	5,568.38	7.00	28.40	-	5,603.78	1(a)	5,603.78	394	14.13
Sherburne	2,706.40	291.44	-	244.40	3,242.24	4	810.56	1,067	2.54
Sibley	-	-	-	-	-	-	-	-	-
Stearns	15,373.00	10.00	38.40	430.10	15,851.50	13	1,219.35	3,311	4.64
Steele	-	-	-	-	-	-	-	-	-
Stevens	-	-	-	-	-	-	-	-	-
Swift	133.08	-	-	11.89	144.97	1(a)	144.97	54	2.46
Todd	822.00	143.54	-	332.00	1,297.54	2	648.77	274	3.00
Traverse	284.00	-	-	410.00	694.00	1(a)	694.00	61	4.66
Wabasha	4,597.50	88.47	25.00	246.25	4,957.22	5	991.44	1,065	4.32
Wadena	-	-	-	-	-	-	-	-	-
Waseca	840.00	-	-	45.00	885.00	2	442.50	302	2.78
Washington	6,371.48	-	15.50	17.00	6,403.98	9	711.55	1,630	3.91
Watonwan	3,506.61	49.03	332.96	35.60	3,924.20	6	654.03	902	3.89
Wilkin	-	-	-	-	-	-	-	-	-
Winona	1,567.75	83.89	-	-	1,651.64	4	412.91	468	3.35
Wright	1,854.43	-	-	-	1,854.43	2	927.22	397	4.67
Yellow Medicine	4,856.58	412.94	-	452.45	5,721.97	6	953.66	1,554	3.13

(a) Average based on one child only.

TABLE 15

FOSTER CARE COSTS
FOR MENTALLY RETARDED AND/EPILEPTIC CHILDREN
JULY 1, 1973 - JUNE 30, 1974

County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Number of Children Receiving Foster Care	Average Cost Per Child	Board and Room: Number of Days Care	Board and Room: Average Daily Cost
Total State	$2,954,883.09	$17,833.24	$83,405.24	$203,032.24	$3,259,153.81	1,110	$2,936.17	287,394	$10.28
Total Urban	1,721,842.14	9,721.78	70,206.26	190,188.85	1,991,999.03	699	2,849.73	176,388	9.76
Hennepin	1,069,960.05	5,315.78	64,059.92	185,164.55	1,324,500.30	426	3,109.16	110,539	9.68
Ramsey	516,605.76	3,330.04	5,929.32	3,400.66	529,265.78	228	2,321.34	53,769	9.61
St. Louis	135,276.33	1,075.96	217.02	1,623.64	138,192.95	45	3,070.95	12,080	11.20
Total Rural	1,233,040.95	8,111.46	13,198.98	12,843.39	1,267,194.78	411	3,083.20	111,006	11.11
Aitkin	5,900.73	90.00	-	23.47	6,014.20	2	3,007.10	760	7.76
Anoka	23,281.19	519.20	488.40	673.96	24,962.75	9	2,773.64	1,698	13.71
Becker	1,555.20	-	-	-	1,555.20	1(a)	1,555.20	366	4.25
Beltrami	9,747.76	45.00	-	28.82	9,821.58	5	1,964.32	1,156	8.43
Benton	6,222.10	110.94	100.71	29.75	6,463.50	4	1,615.88	978	6.36
Big Stone	-	-	-	-	-	-	-	-	-
Blue Earth	32,640.10	32.79	4.00	117.90	32,794.79	15	2,186.32	3,362	9.71
Brown	35,584.06	-	-	-	35,584.06	8	4,448.01	2,679	13.28
Carlton	5,668.40	87.50	-	30.00	5,785.90	2	2,892.95	408	13.89
Carver	18,454.61	158.47	967.65	144.53	19,725.26	10	1,972.53	1,492	12.37
Cass	20,747.85	261.97	137.60	2,100.80	23,248.22	7	3,321.17	2,536	8.18
Chippewa	8,890.08	-	-	-	8,890.08	2	4,445.04	550	16.16
Chisago	2,040.60	-	51.30	-	2,091.90	1(a)	2,091.90	273	7.47
Clay	39,987.02	19.42	2,029.88	287.31	42,323.63	12	3,526.97	3,658	10.93
Clearwater	1,581.80	106.00	-	147.15	1,834.95	2	917.48	395	4.00
Cook	-	-	-	-	-	-	-	-	-
Cottonwood	4,775.68	-	-	-	4,775.68	3	1,591.89	334	14.30
Crow Wing	5,146.40	48.00	5.95	240.00	5,440.35	4	1,360.09	575	8.95
Dakota	277,703.36	1,526.30	1,812.18	1,036.80	282,078.64	62	4,549.66	17,655	15.73
Dodge	11,394.72	94.71	-	50.00	11,539.43	3	3,846.48	998	11.42
Douglas	4,676.70	16.89	-	37.50	4,731.09	1(a)	4,731.09	212	22.06
Faribault	21,242.73	27.18	644.71	28.88	21,943.50	6	3,657.25	1,741	12.20
Fillmore	1,690.00	166.34	392.26	46.00	2,294.60	3	764.87	491	3.44

Table 15 - Foster Care Costs for Mentally Retarded and/Epileptic Children
July 1, 1973 - June 30, 1974 - (Continued)

County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Number of Children Receiving Foster Care	Average Cost Per Child	Board and Room: Number of Days Care	Board and Room: Average Daily Cost
Freeborn	$ 16,059.50	$ 55.00	$ 7.00	$ 1,535.50	$ 17,657.00	6	$2,942.83	1,595	$10.07
Goodhue	26,272.51	262.00	218.60	421.00	27,174.11	10	2,717.41	2,572	10.21
Grant	10,500.68	80.00	-	90.00	10,670.68	2	535.34	730	14.38
Houston	5,945.00	-	219.60	-	6,164.60	2	3,082.30	730	8.14
Hubbard	750.00	105.00	-	-	855.00	1(a)	855.00	150	5.00
Isanti	2,016.51	308.00	211.00	187.60	2,723.11	3	907.70	588	3.43
Itasca	1,156.00	-	-	-	1,156.00	1(a)	1,156.00	245	4.72
Jackson	-	-	-	-	-	-	-	-	-
Kanabec	247.32	96.00	14.00	72.00	427.32	1(a)	427.32	55	4.50
Kandiyohi	6,483.00	-	-	-	6,483.00	2	3,241.50	395	16.41
Kittson	2,700.00	-	-	-	2,700.00	1(a)	2,700.00	366	7.38
Koochiching	16,122.93	61.65	-	10.00	16,194.58	4	4,048.65	1,245	12.95
Lac Qui Parle	3,191.78	-	-	-	3,191.78	1(a)	3,191.78	365	8.74
Lake	10,382.66	18.50	116.15	-	10,517.31	2	5,258.66	790	13.14
Lake of the Woods	-	-	-	-	-	-	-	-	-
LeSueur	20,158.68	-	-	91.00	20,249.68	6	3,374.95	1,323	15.24
Lincoln	6,869.78	92.00	-	103.87	7,065.65	2	3,532.83	730	9.41
Lyon	8,327.67	114.00	-	680.49	9,122.16	3	3,040.72	1,006	8.28
McLeod	5,207.50	168.00	766.99	138.49	6,280.98	2	3,140.49	786	6.63
Mahnomen	5,318.50	-	-	-	5,318.50	2	2,659.25	669	7.95
Marshall	16,238.29	156.39	351.11	594.64	17,340.43	6	2,890.07	2,020	8.04
Martin	7,314.56	44.00	22.00	-	7,380.56	2	3,690.28	754	9.70
Meeker	3,092.01	27.43	2.25	32.33	3,154.02	1(a)	3,154.02	365	8.47
Mille Lacs	-	-	-	-	-	-	-	-	-
Morrison	5,728.00	55.67	34.80	60.20	5,878.67	2	2,939.34	436	13.14
Mower	20,125.42	31.95	-	410.00	20,566.97	8	2,570.87	1,867	10.78
Murray	6,342.00	-	-	27.50	6,369.50	3	2,123.17	375	16.91
Nicollet	10,175.40	-	-	-	10,175.40	2	5,087.70	731	13.92
Nobles	18,541.99	128.93	604.79	53.40	19,328.71	6	3,221.45	1,852	10.01
Norman	5,148.70	35.59	254.12	302.30	5,740.71	1(a)	5,740.71	365	14.11
Olmsted	95,302.44	758.04	418.53	742.23	97,221.24	32	3,038.16	10,047	9.49
Otter Tail	1,202.15	-	-	-	1,202.15	2	601.08	154	7.81
Pennington	5,090.22	254.29	3.50	43.13	5,391.14	2	2,695.57	424	12.01
Pine	9,790.44	204.00	-	108.00	10,102.44	3	3,367.48	957	10.23

Table 15 - Foster Care Costs for Mentally Retarded and Epileptic Children
July 1, 1973 - June 30, 1974 - (Continued)

County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Number of Children Receiving Foster Care	Board and Room Average Cost Per Child	Board and Room Number of Days Care	Average Daily Cost
Pipestone	-	-	-	-	-	-	-	-	-
Polk	$ 7,894.60	$ -	$ 187.95	$ -	$ 8,082.55	4	$2,020.64	915	$ 8.63
Pope	4,101.45	238.68	-	61.50	4,401.63	3	[illegible]467.21	883	4.64
Red Lake	5,482.59	-	-	-	5,482.99	2	2,741.30	519	10.56
Redwood	19,215.46	72.08	358.35	11.75	19,657.64	5	3,931.53	1,794	10.71
Renville	11,894.25	-	-	-	11,894.25	3	3,964.75	1,103	10.78
Rice	2,889.50	93.29	547.05	203.12	3,732.96	6	622.16	512	5.64
Rock	735.00	-	-	-	735.00	1(a)	735.00	92	7.99
Roseau	20,111.99	-	-	-	20,111.99	5	4,022.40	1,430	14.06
Scott	33,998.00	-	169.35	83.25	34,250.60	9	3,805.62	2,856	11.90
Sherburne	10,378.60	436.98	101.93	235.48	11,152.99	5	2,230.60	1,745	5.95
Sibley	-	-	-	-	-	-	-	-	-
Stearns	50,884.14	415.29	676.16	950.50	52,926.09	24	2,205.25	6,923	7.35
Steele	4,759.34	65.68	162.08	-	4,987.10	2	2,493.55	404	11.78
Stevens	9,647.50	-	-	278.00	9,925.50	4	2,481.38	1,064	9.07
Swift	17,268.91	4.99	750.00	25.20	18,049.10	5	3,609.82	1,371	12.60
Todd	4,[illegible]94.85	3.49	-	63.42	4,661.76	4	1,165.44	519	8.85
Traverse	-	-	-	-	-	-	-	-	-
Wabasha	[illegible]72.87	-	-	51.00	15,123.87	4	3,780.97	1,068	14.11
Wadena	-	-	-	-	-	-	-	-	-
Waseca	490.00	-	-	-	490.00	1(a)	490.00	151	3.25
Washington	65,245.31	320.00	361.55	105.00	66,031.86	21	3,144.37	6,113	10.67
Watonwan	6,674.15	-	-	40.60	6,714.75	3	2,238.25	852	7.83
Wilkin	-	-	-	-	-	-	-	-	-
Winona	32,748.75	30.23	5.48	8.00	32,792.46	8	4,099.06	2,409	13.59
Wright	12,295.50	-	-	-	12,295.50	5	2,459.10	855	14.38
Yellow Medicine	5,925.88	66.00	-	-	5,991.88	4	1,497.97	424	13.90

(a) Average based on one child only.

TABLE 16

COST OF PROVIDING CARE AND SUPPORT OF CHILDREN NOT UNDER STATE GUARDIANSHIP 1973-74

County	Board and Room	Clothing	Medical	Miscel- laneous	Total Cost	Number of Children Receiving Foster Care	Board and Room Average Cost Per Child	Board and Room Number of Days Care	Board and Room Average Daily Cost
Total State	$3,504,566.31	$227,864.08	$388,524.11	$503,768.17	$4,624,722.67	6,707	$689.54	645,640	$ 5.43
Total Urban	2,357,742.42	143,654.02	303,975.32	444,085.37	3 249,457.13	4,361	745.11	407,672	5.78
Hennepin	1,391,532.93	79,998.89	280,863.47	425,672.98	2,178,068.27	2,843	766.12	244,269	5.70
Ramsey	797,375.91	49,655.86	22,971.71	11,518.44	881,521.92	1,087	810.97	128,609	6.20
St. Louis	168,833.58	13,999.27	140.14	6,893.95	189,866.94	431	440.53	34,794	4.85
Total Rural	1,146,823.89	84,210.06	84,548.79	59,682.80	1,375,265.54	2,346	586.23	237,968	4.82
Aitkin	6,611.48	585.80	8,808.48	839.52	16,845.28	13	1,295.79	1,595	4.15
Anoka	10,682.14	2,323.04	335.49	567.42	13,908.09	93	149.55	3,018	3.54
Becker	7,161.45	1,571.13	73.05	285.72	9,091.35	26	349.67	1,426	5.02
Beltrami	68,627.84	4,591.84	-	634.76	73,854.44	82	900.66	12,489	5.50
Benton	20,420.08	917.01	1,669.29	496.13	23,502.51	18	1,305.70	3,378	6.05
Big Stone	3,776.00	182.00	-	96.00	4,054.00	4	1,013.50	707	5.34
Blue Earth	25,264.51	691.22	539.20	511.48	27,006.41	30	900.31	3,565	7.09
Brown	5,669.88	311.20	255.00	200.66	6,436.74	20	321.84	1,280	4.43
Carlton	23,282.22	1,966.15	962.57	987.14	27,198.08	66	412.09	5,466	4.26
Carver	20,461.06	-	1,836.39	-	22,297.45	37	602.63	2,866	7.14
Cass	40,976.91	3,356.85	441.20	4,708.79	49,483.75	77	642.65	11,537	3.55
Chippewa	10,225.04	1,419.55	207.50	2,215.51	14,067.60	18	781.53	2,456	4.16
Chisago	18,678.49	335.66	297.40	4.00	19,315.55	28	689.84	3,036	6.15
Clay	6,141.23	1,286.81	371.50	-	7,799.54	30	259.98	2,435	2.52
Clearwater	20,069.29	100.76	-	110.53	20,280.58	10	2,028.06	1,787	11.23
Cook	706.02	82.34	-	-	788.36	2	394.18	241	2.93
Cottonwood	3,279.00	255.15	37.95	-	3,572.10	9	396.90	848	3.87
Crow Wing	15,093.01	1,610.62	185.82	1,491.87	18,381.32	83	221.46	3,558	4.24
Dakota	23,242.98	2,841.75	830.14	1,964.12	28,878.99	74	390.26	5,580	4.17
Dodge	5,196.67	567.13	158.74	194.00	6,116.54	18	339.81	1,970	2.64
Douglas	17,226.05	2,566.76	27.90	1,594.19	21,414.90	30	713.83	5,495	3.13
Faribault	2,576.60	22.00	97.00	1,240.25	3,935.85	6	655.98	592	4.36
Fillmore	6,061.00	527.00	244.57	329.00	7,161.57	6	1,193.60	1,476	4.11
Freeborn	12,715.67	1,510.20	409.90	523.71	15,159.48	33	459.38	4,657	2.73

Table 16 - Cost of Providing Care and Support of Children not
Under State Guardianship 1973-74 - (Continued)

County	Board and Room	Clothing	Medical	Miscellaneous	Total Cost	Number of Children Receiving Foster Care	Board and Room: Average Cost Per Child	Board and Room: Number of Days Care	Board and Room: Average Daily Cost
Goodhue	$ 11,181.83	$ 1,024.09	$ 1,162.12	$ 766.18	$ 14,134.22	31	$ 455.94	3,256	$ 3.43
Grant	2,868.53	188.00	-	276.00	3,332.53	3	1,110.84	608	4.72
Houston	-	-	-	-	-	-	-	-	-
Hubbard	8,016.12	832.88	694.47	725.83	10,269.30	19	540.49	1,930	4.15
Isanti	28,587.83	2,828.41	2,494.90	1,812.07	35,723.21	49	729.05	5,754	4.97
Itasca	37,230.26	910.64	1,866.28	601.76	40,608.94	46	882.80	6,920	5.39
Jackson	3,603.03	291.08	211.10	317.49	4,422.70	11	402.06	941	3.83
Kanabec	3,007.27	225.00	349.23	181.00	3,762.50	11	342.05	761	3.95
Kandiyohi	7,638.01	103.53	-	365.27	8,106.81	26	311.80	1,853	4.12
Kittson	1,092.00	-	-	-	1,092.00	1	1,092.00	182	6.00
Koochiching	6,828.98	1,137.49	25.00	24.00	8,015.47	13	616.57	1,654	4.13
Lac Qui Parle	2,643.63	370.52	2.97	402.34	3,419.46	4	854.87	765	3.46
Lake	2,190.67	103.35	-	-	2,294.02	12	191.17	741	2.96
Lake of the Woods	204.70	32.00	6.00	-	242.70	2	121.35	89	2.30
LeSueur	6,362.15	406.70	42.20	180.66	6,991.71	32	218.49	1,626	3.91
Lincoln	1,137.88	293.34	325.70	-	1,756.92	4	439.23	670	1.70
Lyon	16,924.50	301.18	2,485.62	964.50	20,675.80	27	765.77	3,450	4.91
McLeod	174.83	14.00	47.40	8.00	244.23	3	81.41	55	3.18
Mahnomen	3,239.50	164.67	-	-	3,404.17	3	1,134.72	1,095	2.96
Marshall	2,994.31	73.66	21.05	57.90	3,146.92	12	262.16	1,038	2.88
Martin	6,990.17	1,172.88	761.65	515.17	9,439.87	30	314.66	1,904	3.67
Meeker	2,353.80	287.68	84.40	1.00	2,726.88	15	181.79	561	4.20
Mille Lacs	60,736.26	1,201.86	1,458.53	632.67	64,029.32	47	1,362.33	8,553	7.10
Morrison	4,253.27	927.61	686.57	159.67	6,027.12	18	334.84	1,235	3.44
Mower	77,548.87	3,075.63	741.81	2,334.31	83,700.62	66	1,268.19	9,453	8.20
Murray	240.00	-	750.00	-	990.00	2	495.00	61	3.93
Nicollet	2,586.56	72.18	17.69	-	2,676.43	9	297.38	905	2.86
Nobles	5,724.54	221.48	61.61	338.19	6,345.82	14	453.27	1,679	3.41
Norman	910.00	-	-	-	910.00	2	455.00	285	3.19
Olmsted	22,949.24	3,642.76	2,465.02	1,551.75	30,508.77	65	470.90	7,730	2.97
Otter Tail	33,196.53	2,604.27	-	2,792.55	38,593.35	64	603.02	7,552	4.40
Pennington	14,573.11	894.22	362.35	608.26	16,437.94	22	747.18	2,894	5.04
Pine	1,002.35	47.79	11.62	-	1,061.76	5	212.35	216	4.64
Pipestone	4,086.02	286.00	416.18	108.87	4,897.07	10	489.71	835	4.89

Table 16 - Cost of Providing Care and Support of Children not under State Guardianship 1973-74 - (Continued)

County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Number of Children Receiving Foster Care	Average Cost Per Child	Board and Room Number of Days Care	Board and Room Average Daily Cost
Polk	$ 9,541.83	$ 393.31	$ 4,421.57	$ 603.71	$ 14,960.42	24	$ 623.35	2,372	$ 4.02
Pope	796.55	58.58	-	235.50	1,090.63	2	454.32	212	3.76
Red Lake	4,686.00	-	-	-	4,686.00	3	1,562.00	1,002	4.68
Redwood	370.46	-	-	-	370.46	1	370.46	93	3.98
Renville	998.73	-	-	19.80	1,018.53	3	339.51	238	4.20
Rice	11,958.74	788.27	757.57	900.31	14,404.89	56	257.23	3,557	3.36
Rock	1,098.33	243.48	-	48.00	1,389.81	11	126.35	383	2.87
Roseau	22,715.01	610.01	99.50	805.91	24,230.43	33	734.26	3,457	6.57
Scott	17,916.08	334.70	6,502.64	164.35	24,917.77	52	479.19	3,893	4.60
Sherburne	6,162.18	581.15	723.40	339.47	7,806.20	26	300.24	1,607	3.83
Sibley	2,135.60	-	-	-	2,135.60	2	1,067.80	100	21.36
Stearns	56,108.03	1,447.68	1,943.80	684.37	60,183.88	88	683.91	13,577	4.13
Steele	3,660.39	313.19	474.65	65.30	4,513.53	15	300.90	658	5.56
Stevens	7,952.21	819.86	172.00	405.94	9,350.01	12	779.17	1,729	4.60
Swift	9,513.60	323.43	225.15	288.45	10,350.63	14	739.33	1,398	6.81
Todd	12,389.98	838.48	340.50	1,259.80	14,828.76	15	988.58	3,009	4.12
Traverse	183.75	47.73	-	-	231.48	1	231.48	66	2.78
Wabasha	9,733.33	943.64	947.55	479.29	12,103.81	23	526.25	2,275	4.28
Wadena	-	-	-	-	-	-	-	-	-
Waseca	7,239.12	216.87	79.50	87.74	7,623.23	20	381.66	2,535	2.86
Washington	138,670.50	15,634.53	28,247.26	12,751.93	195,304.22	267	731.48	23,818	5.82
Watonwan	5,151.98	553.40	372.84	11.04	6,089.26	15	405.95	851	6.05
Wilkin	1,583.00	56.00	-	4.34	1,643.34	3	547.78	290	5.46
Winona	9,991.91	1,983.69	408.80	656.90	13,041.30	58	224.85	3,535	2.83
Wright	48,805.00	4,629.44	3,484.50	4,968.25	61,887.19	101	612.74	8,290	5.89
Yellow Medicine	240.21	35.75	7.00	182.16	465.12	5	93.02	331	.73

Table 17

FOSTER CARE COSTS
FOR EMOTIONALLY DISTURBED CHILDREN
July 1, 1973 - June 30, 1974

County	Board and Room	Clothing	Medical	Miscel- laneous	Total Cost	Child Receiving Foster Care	Average Cost Per Child	Board and Room No. of Days Care	Board and Room Avera Dail Cost
Total State	$1,461,316.57	$57,241.08	$77,089.68	$12,660.86	$1,608,308.19	1,294	$1,242.90	120,884	$12.09
Total Urban	825,741.48	52,118.03	70,060.98	8,125.82	956,046.31	893	1,070.60	80,303	10.28
Hennepin	681,988.16	51,219.14	67,227.27	6,638.92	807,073.49*	844	956.25	73,478	9.28
Ramsey	48,169.25	58.61	193.52	1,000.34	49,421.72	14	3,530.12	2,086	23.09
St. Louis	95,584.07	840.28	2,640.19	486.56	99,551.10	35	2,844.32	4,744	20.15
Total Rural	635,575.09	5,123.05	7,028.70	4,535.04	652,261.88	401	1,626.59	40,576	15.66
Aitkin	3,746.86	13.29	134.00	10.00	3,904.15	2	1,952.08	241	15.55
Anoka	56,655.82	1,300.18	499.40	1,496.17	59,951.57	110	545.01	4,789	11.83
Becker	962.50	-	-	-	962.50	3	320.83	123	7.83
Beltrami	46,370.16	635.19	-	591.66	47,597.01	36	1,322.14	5,964	7.78
Benton	704.50	-	31.64	.10	736.24	2	368.12	94	7.49
Big Stone	-								
Blue Earth	35,171.45	37.05	194.84	161.81	35,565.15	10	3,556.52	1,443	24.37
Brown	11,453.52	118.19	22.70	68.37	11,662.78	4	2,915.70	775	14.[illegible]
Carlton	7,308.88	-	24.05	-	7,332.93	6	1,222.16	363	[illegible].13
Carver	1,720.50	-	41.40	-	1,761.90	1	1,761.90	93	18.50
Cass	-								
Chippewa	-								
Chisago	-								
Clay	-								
Clearwater	-								
Cook	-								
Cottonwood	1,890.00	-	-	-	1,890.00	1	1,890.00	90	21.00
Crow Wing	-								
Dakota	34,160.25	137.61	59.70	105.50	34,463.06	9	3,829.23	1,219	28.02
Dodge	9,142.25	130.58	64.15	-	9,336.98	1	9,336.98	265	34.50
Douglas	-								
Fairbault	4,145.69	-	-	-	4,145.69	2	2,072.85	213	19.46

Table 17 - Foster Care Costs for Emotionally Disturbed Children - 1973-74 (Continued)

County	Board and Room	Clothing	Medical	Miscel-laneous	Total Cost	Child Receiving Foster Care	Average Cost Per Child	Board and Room No. of Days Care	Board and Room Average Daily Cost
	$	$	$	$	$		$		$
Fillmore	-								
Freeborn	27,104.20	127.99	12.00	80.00	27,324.19	26	1,050.93	3,114	8.70
Goodhue	2,584.00	-	-	-	2,584.00	1	2,584.00	135	19.14
Grant	-								
Houston	12,540.14	-	135.95	-	12.676.09	1	12,676.09	365	34.36
Hubbard	1,904.00	96.00	-	326.00	2,326.00	1	2,326.00	365	5.22
Isanti	-								
Itasca	40,782.03	134.00	505.70	-	41,421.73	10	4,142.17	1,606	25.39
Jackson	-								
Kanabec	-								
Kandiyohi	8,864.61	-	31.00	121.00	9,016.61	4	2,254.15	371	23.89
Kittson	1,848.00	-	-	-	1,848.00	1	1,848.00	117	15.79
Koochiching	9,842.85	-	-	-	9,842.85	2	4,921.43	358	27.49
Lac qui Parle	-								
Lake	-								
Lake of the Woods	-								
LeSueur	1,547.70	-	-	-	1,547.70	2	773.85	60	25.80
Lincoln									
Lyon	3,116.41	-	954.45	-	4,070.86	5	814.17	517	6.03
McLeod	23,812.36	-	9.00	-	23,821.36	3	7,940.45	833	28.59
Mahnomen	-								
Marshall	-								
Martin	14,333.93	136.34	79.80	25.90	14,575.97	2	7,287.99	457	31.37
Meeker	6,043.22	39.00	24.30	9.50	6,116.02	5	1,223.20	419	14.42
Mille Lacs	-								
Morrison	-	78.69	-	-	78.69	1	78.69	-	-
Mower	20,009.70	86.31	465.35	39.39	20,600.75	10	2,060.08	1,008	19.85
Murray	923.50	-	-	40.00	963.50	3	321.17	150	6.16
Nicollet	16,445.25	254.74	597.16	264.35	17,561.50	14	1,254.39	1,917	8.58
Nobles	5,837.50	-	-	-	5,837.50	1	5,837.50	182	32.07
Norman	8,562.50	20.43	-	47.25	8,630.18	1	8,630.18	333	25.71
Olmsted	73,209.91	659.63	1,203.23	106.49	75,179.26	25	3,007.17	2,888	25.35
Otter Tail	-								
Pennington	1,211.12	-	-	-	1,211.12	2	605.56	75	16.15
Pine	-								
Pipestone	-								

Table 17 - Foster Care Costs for Emotionally Disturbed Children - 1973-74 (Continued)

County	Board and Room	Clothing	Medical	Miscel- laneous	Total Cost	Child Receiving Foster Care	Average Cost Per Child	Board and Room: No. of Days Care	Board and Room: Average Daily Cost
Polk	$ -	$	$	$	$		$		$
Pope	10,349.64	215.84	-	110.16	10,675.64	8	1,334.46	666	15.54
Red Lake	1,634.37	-	-	-	1,634.37	4	408.59	636	2.57
Redwood	1,486.66	-	-	-	1,486.66	3	495.55	121	12.29
Renville	-								
Rice	10,337.71	-	-	-	10,337.71	1	10,337.71	334	30.95
Rock	735.42	-	-	-	735.42	1	735.42	220	3.34
Roseau	1,257.10	-	15.50	-	1,272.60	1	1,272.60	334	3.76
Scott	-								
Sherburne	2,487.60	165.30	272.10	133.53	3,058.53	3	1,019.51	610	4.08
Sibley	6,019.75	-	-	-	6,019.75	1	6,019.75	200	30.10
Stearns	2,484.32	-	45.75	272.80	2,802.87	17	164.87	338	7.35
Steele	12,463.25	144.29	59.15	4.00	12,670.69	2	6,335.35	396	31.47
Stevens	-								
Swift	10,809.00	133.65	-	159.43	11,102.08	3	3,700.69	424	25.49
Todd	804.00	22.00	-	190.50	1,016.50	1	1,016.50	183	4.39
Traverse	-								
Wabasha	2,031.90	23.99	75.30	22.00	2,153.19	2	1,076.60	109	18.64
Wadena	758.09	67.54	48.50	55.60	929.73	4	232.43	157	4.83
Waseca	13,657.59	181.13	167.98	-	14,006.70	6	2,334.45	1,058	12.91
Washington	5,899.36	-	61.45	35.80	5,996.61	5	1,199.32	388	15.20
Watonwan	10,200.75	-	204.20	-	10,404.95	3	3,468.32	629	16.22
Wilkin	-								
Winona	20,562.98	133.60	569.70	-	21,266.28	5	4,253.26	985	20.88
Wright	27,640.29	30.49	419.25	57.73	28,147.76	24	1,172.82	1,846	14.97
Yellow Medicine	-								

* Does Not include $25,415.90 day care cost for 11 children reported in 1973-74

TABLE 17 A
COST OF CARE FOR EMOTIONALLY DISTURBED CHILDREN
1973-74

County	Total Cost	Total No. of Child	PRIORITY I Private Institution Under 12 years Cost	PRIORITY I No. of Child	PRIORITY II Private Institution 12-17 years Cost	PRIORITY II No. of Child	PRIORITY III Other Living Arrangement Under 18 years Cost	PRIORITY III No. of Child	Ineligible Cost	Ineligible No. of Child
Total	$1,608,308.19	1,294	$376,705.13	151	$782,528.30	492	$317,571.87	480	$131,502.89	171
Total Urban	956,046.31	893	224,098.49	128	469,837.61	378	176,171.95	304	85,938.26	83
Hennepin	807,073.49	844	193,712.94	122	377,165.56	351	153,752.00	290	82,442.99*	81
Ramsey *	49,421.72	14	11,494.89	3	26,497.12	6	10,314.06	4	1,115.65	1
St. Louis	99,551.10	35	18,890.66	3	66,174.93	21	12,105.89	10	2,379.62	1
Total Rural	652,261.88	401	152,606.64	23	312,690.69	114	141,399.92	176	45,564.63	88
Aitkin	3,904.15	2	—	—	2,497.65	1	—	—	1,406.50	1
Anoka	59,951.57	110	8,037.00	1	19,702.63	7	18,267.53	66	13,944.41	36
Becker	962.50	3	—	—	—	—	216.00	1	746.50	2
Beltrami	47,597.01	36	5,432.81	1	8,598.00	2	28,095.88	25	5,470.32	8
Benton	736.24	2	—	—	736.24	2	—	—	—	—
Big Stone	—	—								
Blue Earth	35,565.15	10	—	—	25,437.02	5	5,874.13	2	4,254.00	3
Brown	11,662.78	4	—	—	2,406.85	1	8,194.61	2	1,061.32	1
Carlton	7,332.93	6	—	—	6,858.87	3	77.23	1	396.83	2
Carver	1,761.90	1	—	—	—	—	1,761.90	1	—	-
Cass	—	—								
Chippewa	—	—								
Chisago	—	—								
Clay	—	—								
Clearwater	—	—								
Cook	—	—								
Cottonwood	1,890.00	1	—	—	—	—	—	—	1,890.00	1
Crow Wing	—	—								
Dakota	34,463.06	9	1,836.00	1	30,119.95	6	2,509.11	2	—	—
Dodge	9,336.98	1	—	—	9,336.98	1	—	—	—	—
Douglas	—	—								
Faribault	4,145.69	2	—	—	597.19	1	3,548.50	1	—	—
Fillmore	—	—								
Freeborn	27,324.19	26	—	—	—	—	26,699.19	25	625.00	1
Goodhue	2,584.00	1	—	—	2,584.00	1	—	—	—	—

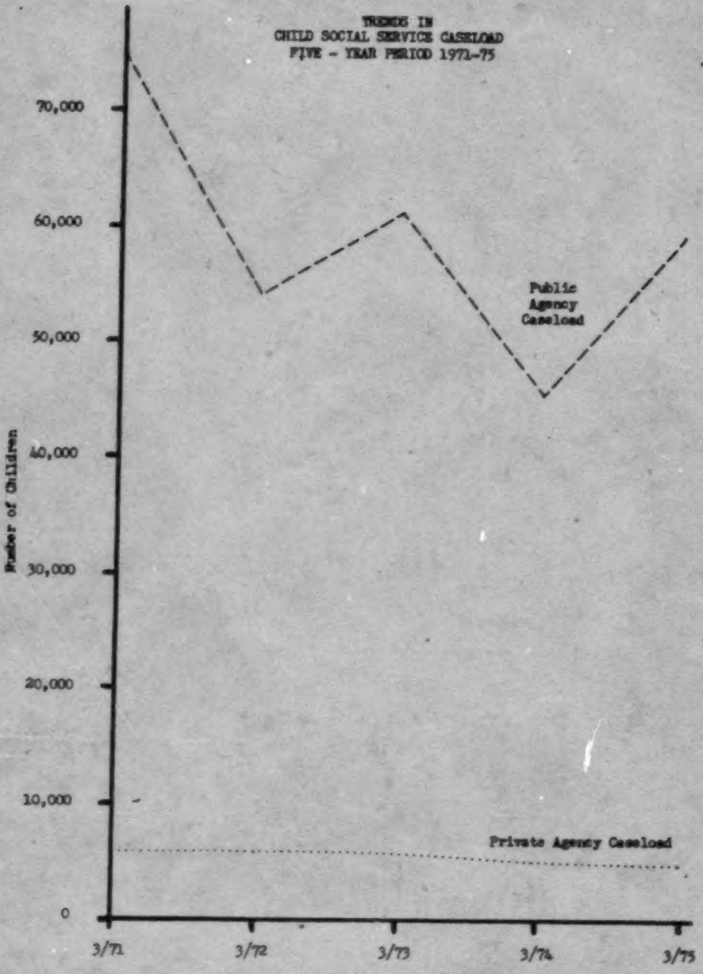
Table 17 A - Costs of Care for Emotionally Disturbed Children - (Continued)

County	Total		PRIORITY I Private Institution Under 12 years		PRIORITY II Private Institution 12-17 years		PRIORITY III Other Living Arrangement Under 18 years		Ineligible	
	Cost	Child	Cost	Child	Cost	Child	Cost	Child	Cost	Child
Grant	—	—								
Houston	12,676.09	1	12,676.09	1	—	—	—	—	—	—
Hubbard	2,326.00	1	—	—	—	—	2,326.00	1	—	—
Isanti	—	—								
Itasca	41,421.73	10	20,985.42	3	17,984.86	4	1,801.45	2	650.00	1
Jackson	—	—								
Kanabec	—	—								
Kandiyohi	9,016.61	4	8,784.86	1	—	—	103.00	1	128.75	2
Kittson	1,848.00	1	—	—	—	—	—	—	1,848.00	1
Koochiching	9,842.85	2	—	—	8,477.50	1	—	—	1,365.35	1
Lac qui Parle	—	—								
Lake	—	—								
Lake of the Woods	—	—								
LeSueur	1,547.70	2	617.70	1	930.00	1	—	—	—	—
Lincoln	—	—								
Lyon	4,070.86	5	—	—	—	—	3,428.05	3	642.81	2
McLeod	23,821.36	3	—	—	23,821.36	3	—	—	—	—
Mahnomen	—	—								
Marshall	—	—								
Martin	14,575.97	2	12,735.01	1	1,840.96	1	—	—	—	—
Meeker	6,116.02	5	—	—	5,796.52	3	—	—	319.50	2
Mille Lacs	—	—								
Morrison	78.69	1	—	—	—	—	78.69	1	—	—
Mower	20,600.75	10	5,684.27	1	13,653.53	5	1,262.95	4	—	—
Murray	963.50	3	—	—	—	—	611.50	2	352.00	1
Nicollet	27,561.50	14	—	—	4,898.35	4	11,451.15	8	1,212.00	2
Nobles	5,837.50	1	—	—	5,837.50	1	—	—	—	—
Norman	8,630.18	1	8,630.18	1	—	—	—	—	—	—
Olmsted	75,179.26	25	41,983.22	5	28,559.25	11	4,294.18	6	342.61	3
Otter Tail	—	—								
Pennington	1,211.12	2	—	—	—	—	—	—	1,211.12	2
Pine	—	—								
Pipestone	—									
Polk	—									
Pope	10,675.64	8	—	—	2,506.60	2	5,695.54	5	2,473.50	1
Red Lake	1,634.37	4	—	—	—	—	1,473.00	2	161.37	2
Redwood	1,486.66	3	—	—	446.50	1	1,040.16	2	—	—

Cost of Care for Emotionally Disturbed Children - (Continued)

County	Total		PRIORITY I Private Institution Under 12 years		PRIORITY II Private Institution 12-17 years		PRIORITY III Other living Arrangement Under 18 years		Ineligible	
	Cost	No of Child	Cost	No of Child	Cost	No. of Child	Cost	No. of Child	Cost	No. of Child
Renville	—	—								
Rice	10,337.71	1	—	—	10,337.71	1	—	—	—	—
Rock	735.42	1	—	—	735.42	1	—	—	—	—
Roseau	1,272.60	1	—	—	—	—	1,272.60	1	—	—
Scott	—	—								
Sherburne	3,058.53	3	—	—	—	—	3,058.53	3	—	—
Sibley	6,019.75	1	—	—	6,019.75	1	—	—	—	—
Stearns	2,802.87	17	—	—	2,574.85	14	90.52	1	137.50	2
Steele	12,670.69	2	11,518.72	1	1,151.97	1	—	—	—	—
Stevens	—	—								
Swift	11,102.08	3	3,500.56	2	7,601.52	1	—	—	—	—
Todd	1,016.50	1	—	—	—	—	1,016.50	1	—	—
Traverse	—	—								
Wabasha	2,153.19	2	—	—	2,153.19	2	—	—	—	—
Wadena	929.73	4	—	—	—	—	318.45	1	611.28	3
Waseca	14,006.70	6	—	—	12,781.99	5	1,224.71	1	—	—
Washington	5,996.61	5	3,001.08	1	2,995.53	4	—	—	—	—
Watonwan	10,404.95	3	—	—	9,708.95	2	696.00	1	—	—
Wilkin	—	—								
*Winona	21,266.28	5	7,183.72	2	11,082.56	3	—	—	—	—
Wright	28,147.76	24	—	—	18,920.94	12	4,912.86	4	4,313.96	8
Yellow Medicine	—	—								

*Does not include $25,415.90 day care costs reported for 11 children no II.



TRENDS IN
CHILD SOCIAL SERVICE CASELOAD
FIVE - YEAR PERIOD 1971-75

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MINNESOTA

COMPARISON OF CHILD SOCIAL SERVICE CASELOAD AND RESOURCES - FIVE YEAR PERIOD

HIGHLIGHTS

(1) A sharp increase in child social caseload was reported for urban counties from March, 1974 to March, 1975 (19,048 to 30,758). Total rural caseload also increased (26,646 to 27,776). The Private Agency caseload decreased slightly (4,772 from 4,994).

(2) Most of the increase (7,629 children) reported occurred in children living with their parent(s) overturning a similar decrease between March, 1973 and March, 1974. Children living with other relatives increased greatly also. In fact the percentage increase was 305.4% for children living with other relatives compared to 24.0% for children living with their parent(s).

(3) As of March 31, 1975 for the first time data on foster family and family day care homes and capacities was obtained from a special survey of public and private agencies supervising these homes because no current data was availible from state records. The data so gathered showed a decrease in foster family home capacity despite a continued (if slight) increase in number of homes. Day care homes continued to increase and the capacity of family day care homes increased more sharply still, possibily affected by the additions of licensed group family day care homes. Day care center capacity also increased at a greater rate than the increases in a number of day care centers. Except for a slight withdrawl of private agencies from day care home supervision (7 homes in 1974 to only 1 in 1975) all indicators show rapid increase in day care service.

(4) There was a slight drop in number of children in foster family homes (-55) accompanying this decrease in foster home capacity. For every three group homes open March 31, 1974 there were four open March 31, 1975. Children reported in group homes increased (+298) more than five times as much as children in foster homes decreased. Some of the new group homes were formerly foster family homes.

CHART I TREND IN CHILDREN IN GROUP HOMES

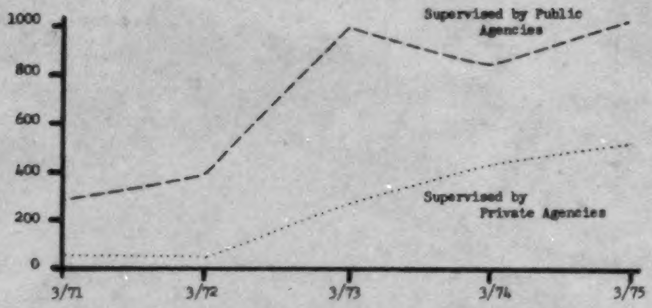


CHART II TREND IN CHILDREN IN FOSTER HOMES

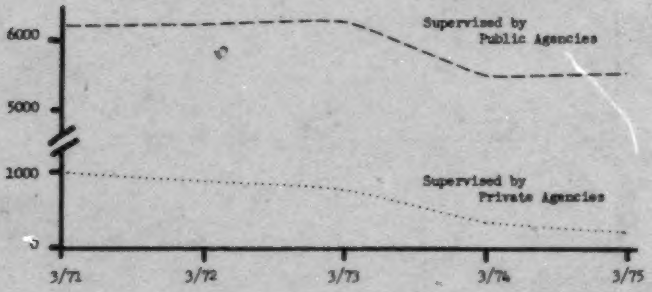


CHART III TREND IN CHILDREN IN ADOPTIVE HOMES

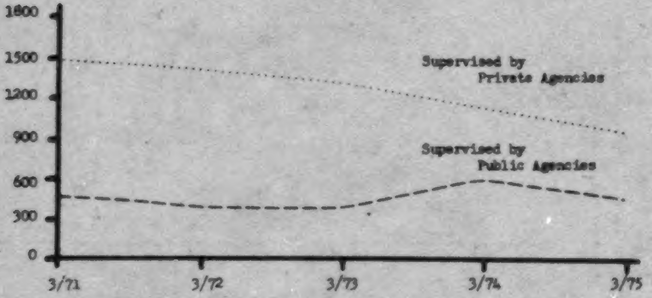


Chart IV

TREND IN FOSTER HOMES AND DAY CARE FACILITIES

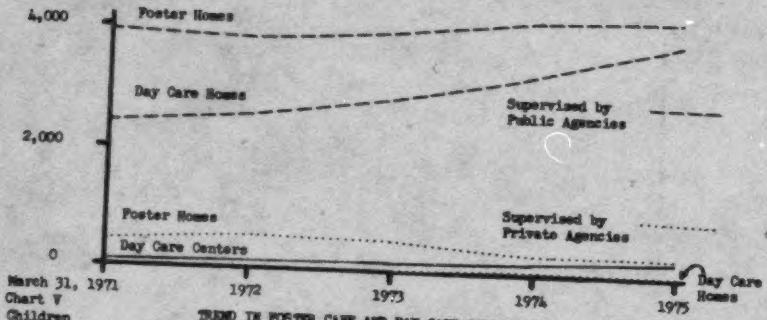
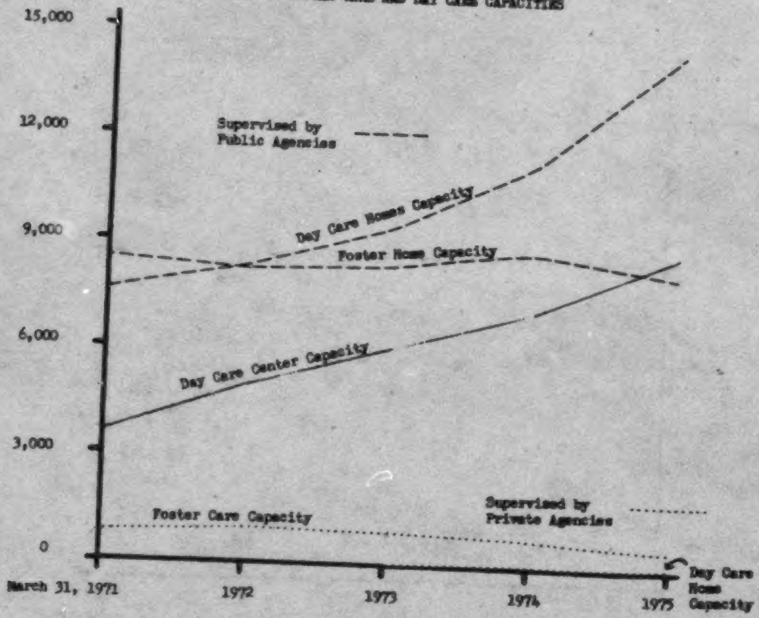


Chart V

TREND IN FOSTER CARE AND DAY CARE CAPACITIES



CHILD SOCIAL SERVICES CASELOAD

TABLE I

County	March 31, 1975	March 31, 1974*	March 31, 1973	March 31, 1972
Total	58,534	45,694	62,238	55,359
Unduplicated Total	58,534	45,694	61,241	54,141
Urban	30,758	19,048	37,181	25,344
Hennepin	19,059	10,573	20,625	16,331
Ramsey	9,187	5,785	14,404	6,908
St. Louis	2,512**	2,690**	2,152	2,105
Rural	27,776	26,646	25,057	30,015
Aitkin	346	341	547	413
Anoka	4,954	4,457	974	1,959
Becker	610	555**(a)	285	339
Beltrami	422**	499	697	854
Benton	156	120	122	185
Big Stone	60**	57	145	397
Blue Earth	348**	480	476	679
Brown	324**	128	118	122
Carlton	237**	288	330	619
Carver	276**	192	319	468
Cass	314	246	310	517
Chippewa	277	282	250	312
Chisago	385	309	414	114
Clay	216	174	172	537
Clearwater	389	338	345	276
Cook	43	41	86	129
Cottonwood	162	208	304	160
Crow Wing	591	753	1,178	1,149
Dakota	1,180**	1,670**	1,144	1,618
Dodge	57	81	92	57
Douglas	458	203	207	235
Faribault	168	226	265	161
Fillmore	93	114	110	87
Freeborn	593	773**(a)	485	631
Goodhue	319	232	168	238
Grant	28	35	75	139
Houston	213	156**(a)	193	201
Hubbard	92	124	215	222
Isanti	225	209	195	214
Itasca	368	500**	781	1,035
Jackson	320	230	316	348
Kanabec	71	56	41	57
Kandiyohi	495**	360**	365	372
Kittson	18	20	52	53
Koochiching	230	290**	380	459
Lac Qui Parle	120	116	203	177
Lake	63	51	63	70

* New annual report of total child social service caseload replaced old 410-411 System and related annual report of children not on 410-411 System.

** Based on 10% Sample. All samples corrected for total caseload reported.

(a) Corrected for too large sample.

Child Social Services Caseload (Continued)
Table I

County	March 31, 1975	March 31, 1974*	March 31, 1973	March 31, 1972
Lake of the Woods	35	41	33	26
Le Sueur	177**	290	321	303
Lincoln	56	33	41	51
Lyon	163**	121	169	377
McLeod	251	247	62	231
Mahnomen	58	70	98	162
Marshall	106	119	119	209
Martin	164	220	230	536
Meeker	168	117	163	223
Mille Lacs	474	296	536	632
Morrison	314	215	184	539
Mower	270**	815	293	468
Murray	110	80**	75	168
Nicollet	116	104	90	94
Nobles	142	298	294	246
Norman	23	25	93	77
Olmsted	1,221**	1,014	1,217	886
Otter Tail	261**	420**	159	172
Pennington	117	148	210	131
Pine	377	204	272	231
Pipestone	80	51	45	56
Polk	140**	190**(a)	588	582
Pope	115	99	156	200
Red Lake	28	44	31	16
Redwood	233	269	236	250
Renville	215	203	132	327
Rice	282	166	362	343
Rock	55	43	52	84
Roseau	188	162	150	209
Scott	378	277	526	637
Sherburne	301	210	157	185
Sibley	105	47	99	153
Stearns	831**	704	732	792
Steele	453	317	346	298
Stevens	73	60	33	46
Swift	88	138	277	413
Todd	387	216	375	477
Traverse	56	47	74	94
Wabasha	205	152	106	145
Wadena	162**	166	156	251
Waseca	305	266	304	246
Washington	1,512	1,104	1,413	1,416
Watonwan	112**	150**	244	178
Wilkin	74	120	90	146
Winona	511**	490**	364	332
Wright	919	1,050	708	553
Yellow Medicine	144	174	216	141

* New annual report of total child social service caseload replaced old 410-411 system and related annual report of children not on 410-411 system.
** Based on 10% sample. All samples corrected for total caseload reported.
(a) Corrected for too large sample.

TABLE II

COMPARISON OF CHILD SOCIAL SERVICES CASELOAD AND RESOURCES - FIVE YEAR PERIOD

LIVING ARRANGEMENT	March 31, 1975		March 31, 1974		March 31, 1973		March 31, 1972		March 31, 1971	
	PUBLIC*(1) AGENCIES	PRIVATE AGENCIES	PUBLIC*(1) AGENCIES	PRIVATE AGENCIES	PUBLIC*(2) AGENCIES	PRIVATE AGENCIES	PUBLIC*(3) AGENCIES	PRIVATE AGENCIES	PUBLIC*(4) AGENCIES	PRIVATE AGENCIES
Total Number of Children (See Cover Chart)	58,596	4,778	65,694	4,996	61,841	5,988	56,161	5,904	74,868	5,903
With Parent(s)	39,464	1,466	51,835	1,760	45,383	1,976	39,880	1,959	57,640	1,777
With Relative(s)	7,118	60	1,736	63	2,585	93	2,305	90	5,300	86
Independent	1,888	800	2,364	851	1,877	325	1,738	395	1,513	400
In Adop. Home (See Chart III)	468	596	595	1,116	387	1,318	400	1,417	481	1,495
In Foster Home (See Chart II)	5,537	398	5,512	378	6,380	834	6,948	988	6,199	1,306
(purchased from private)	(583)	-	(213)	-	(855)	-	(161)	-	(166)	-
In Group Home	1,013	588/61*(6)	851	589/40*(6)	1,088	276	398	46	307	64
(purchased from private)	(179)	-	(105)	-	(NA)	-	(NA)	-	(NA)	-
In Institutions	2,957	981	2,673	860	2,951	873	2,863	918	3,099	809
(purchased from private)	(1,006)	-	(768)	-	(1,265)	-	(738)	-	(735)	-
In Public CW Inst.	-*(5)	2(OS)	59	-	49	-	86	-	77	-
In Private CW Inst.	1,407	708/600*(6)	1,171	598/61*(6)	886	581/30*(6)	513	568/51*(6)	410	413/90*(6)
Maternity Home	35	262*(6)	61	58/80*(6)	73	68/114*(6)	78	88/112*(6)	69	190/114*(6)
Other Inst.	1,495	95	1,588	83	1,983	90	2,186	105	1,937	128
Other Living Arrangement and not reported	161	72	88	129	736	197	479	852	451	307
Resources:										
CW Institutions	0	35	0	82	0	38	0	19	0	17
Capacity	0	946	0	886	0	773	0	448	0	933
Maternity Homes	0	1	0	5	0	5	0	6	0	6
Capacity	0	10	0	90	0	107	0	133	0	162
Foster Homes (Chart IV)	4,329*(10)	398*(10)	4,214*(9)	338*(9)	3,998	496	3,877	322	3,978	486
Capacity	8,273*(10)	586*(10)	8,752*(9)	558*(9)	8,391	739	8,236	335	8,469	739
Group Homes	60*(7)	34*(7)	58*(7)	14*(7)	38*(7)	0	38*(7)	0	6*(8)	0
Capacity	528	268	471	118	313	0	862	0	90	0
Day Care Homes (Chart IV)	3,862*(10)	1*(10)	3,387*(9)	7*(9)	2,869	0	2,580	0	2,410	0
Capacity (Chart V)	14,456*(10)	1*(10)	11,803*(9)	19*(9)	9,483	0	8,380	0	7,966	0
Day Care Center (Chart IV)	336	0	197	0	175	0	151	0	134	0
Capacity (Chart V)	8,785	0	7,114	0	6,017	0	4,903	0	3,690	0

*(1) From annual survey report commenced 3/31/74 due to discontinuation of 910-911 system for public agencies.
*(2) Includes 27,083 children from special survey March 31, 1973.
*(3) Includes 17,648 children reported on a special survey of caseloads as of March 31, 1972. The special study was necessary because the previous two year's were estimated from several sources including children receiving brief social services who evidently were not added to the social service caseload.
*(4) Also includes 38,784 children in current, former or potential AFDC families receiving Social Service - estimated as of March, 1971.
*(5) Estimated at zero as there are no longer any public child welfare institutions in Minnesota - counties however reported 1,108 children as being in public child welfare institutions these were added to the 387 children reported as being in other institutions for an other institutions total of 1,495 children.
*(6) Children in institutions not operated by the agency reporting.
*(7) Includes only group homes licensed through social service division of Minnesota Department of Public Welfare.
*(8) Some group homes are included in family homes as they were not licensed separately.
*(9) February 28, 1974 - March data not available as of 7/2/74 when report compiled.
NA Not available
(OS) Out-of-state
*(10) From special survey of public and private agencies because no current data available in state records.

APPENDIX A

TOTAL PUBLIC AGENCY CHILD SOCIAL SERVICE CASELOAD AS OF MARCH 31, 1975 BY LIVING ARRANGEMENT

County	Total	Home of Parent	Home of Relative	Independent Living Arrangement	Adoptive Home	Foster Family Home	Group Home	Private Child Caring Institution	Maternity Home for Unwed Mothers	Public Child Caring Institution	Other Institution	Other Living Arrgm.
Total	58,534	39,464	7,118	1,822	462	5,937	1,013	1,407	35	--	1,495	161
Total Urban	30,758	18,011	6,405	1,165	208	2,849	580	737	24	-	678	81
Hennepin	19,059	9,307	6,032	1,021	100	1,494	343	437	12	-	309	-
Ramsey	9,187	7,071	275	76	48	1,006	164	240	12	-	253	26
***St. Louis	2,512	1,633	98	68	60	349	73	60	-	-	116	55
Total Rural	27,776	21,453	713	657	254	[illegible],088	433	670	11	-	817	80
Aitkin	396	365	6	-	5	19	2	-	-	-	5	5
Anoka	4,959	4,633	5	-	12	100	6	40	-	-	58	-
Becker	610	506	-	30	6	60	15	3	-	-	-	-
***Beltrami	485	306	47	39	-	168	-	20	-	-	-	-
Benton	136	70	8	3	6	45	9	6	-	-	11	-
***Big Stone	60	42	-	-	-	12	-	-	-	-	6	-
***Blue Earth	326	277	-	9	-	93	-	-	-	-	9	-
***Brown	309	180	-	19	-	89	9	-	-	-	19	-
***Carlton	257	119	-	67	-	90	-	3	-	-	19	-
***Carver	276	110	-	-	-	-	-	66	-	-	-	-
Cass	314	172	19	-	9	69	2	-	-	-	80	1
Chippewa	277	215	9	9	1	57	3	-	-	-	7	8
Chisago	323	180	12	18	7	45	18	7	4	-	18	-
Clay	152	180	1	-	5	13	89	5	-	-	16	-
Clearwater	189	156	12	5	-	12	-	3	-	-	10	-
Cook	43	33	-	-	-	6	-	2	-	-	3	-
Cottonwood	168	111	8	6	1	43	9	6	-	-	2	1
Crow Wing	295	188	-	81	-	25	1	2	-	-	81	-
***Dakota	1,180	740	30	30	50	170	10	100	-	-	90	-
Dodge	87	49	1	-	1	9	1	4	-	-	2	-
Douglas	164	81	-	-	-	52	13	1	-	-	9	-
Faribault	168	113	6	4	1	89	2	8	-	-	18	-
Fillmore	93	58	6	-	-	95	-	-	-	-	7	-
Freeborn	293	187	27	30	-	37	13	10	-	-	19	-
Goodhue	313	187	10	6	-	25	1	19	-	-	11	-
Grant	38	19	1	1	-	13	-	1	-	-	-	-
Houston	115	131	-	-	-	3	6	3	1	-	7	-
Hubbard	49	51	6	8	-	25	2	-	-	-	38	-
Isanti	151	151	8	21	10	18	3	2	-	-	[illegible]	-
Itasca	308	187	36	11	-	67	3	13	-	-	13	9
Jackson	188	85	17	4	-	14	-	36	-	-	4	-
Kanabec	71	55	1	-	-	17	4	1	-	-	2	-
***Kandiyohi	257	158	9	27	-	9	2	-	-	-	8	9
Kittson	33	6	-	1	-	5	4	-	-	-	1	1
Koochiching	230	175	11	4	2	47	6	6	1	-	3	1
Lac qui Parle	180	95	2	13	2	11	-	-	-	-	7	-
Lake	63	38	1	-	6	16	1	-	-	-	6	-

APPENDIX A - Total Public Agency Child* Social Service Caseload as of March 31, 1975 by Living Arrangement

County	Total	Home of Parent	Home of Relative	Independent Living Arrangement	Adoptive Home	Foster Family Home	Group Home	Private Child Caring Institution	Maternity Home for Unwed Mothers	Public Child Caring Institution**	Other Institution	Other Living Arrgmt.
Lake of the Woods	35	29	2	-	1	5	1	-	-	-	2	-
***LeSueur	177	155	8	4	8	17	2	3	-	-	3	-
Lincoln	56	45	-	-	2	5	-	3	-	-	1	-
***Lyon	163	81	-	10	-	31	20	20	-	-	-	-
McLeod	251	227	3	1	-	12	1	8	-	-	3	-
Mahnomen	58	45	7	-	-	7	-	-	-	-	-	-
Marshall	106	80	6	-	2	15	1	2	-	-	2	-
Martin	164	97	9	10	2	27	4	3	-	-	8	-
Meeker	168	131	4	1	-	20	6	1	-	-	7	-
Mille Lacs	476	375	16	13	8	30	7	5	-	-	6	-
Morrison	316	230	17	15	11	31	8	-	-	-	8	-
***Mower	270	160	-	-	9	76	-	9	-	-	18	-
Murray	110	80	5	-	-	11	-	1	-	-	2	-
Nicollet	116	79	11	3	1	6	6	2	-	-	6	-
Nobles	148	73	10	18	-	18	7	12	-	-	11	-
Norman	23	15	-	-	-	2	2	1	-	-	7	-
***Olmsted	1,221	1,063	18	10	16	35	-	37	-	-	38	-
***Otter Tail	261	171	10	-	-	30	10	10	-	-	30	-
Pennington	117	73	1	6	1	13	1	2	-	-	7	1
Pine	377	271	26	29	-	27	10	6	-	-	9	1
Pipestone	80	47	5	2	6	16	8	-	1	-	5	-
***Polk	160	97	-	11	-	21	-	-	-	-	11	-
Pope	125	91	-	8	-	9	-	1	-	-	6	-
Red Lake	25	20	1	1	-	6	-	-	-	-	-	-
Redwood	233	200	6	-	6	16	-	3	-	-	-	-
Renville	235	136	6	4	-	40	16	2	-	-	8	1
Rice	260	165	36	4	16	41	-	3	-	-	15	-
Rock	75	61	2	-	1	7	-	-	-	-	6	-
Roseau	150	119	6	1	1	16	6	36	-	-	1	-
Scott	376	296	18	3	-	45	8	3	-	-	6	-
Sherburne	301	231	4	19	3	40	3	1	-	-	6	3
Sibley	105	77	1	5	3	8	3	-	-	-	9	-
***Stearns	451	253	-	45	-	119	16	-	-	-	36	16
Steele	153	127	16	6	3	6	1	11	-	-	8	-
Stevens	72	46	4	-	3	-	3	1	-	-	6	-
Swift	62	45	12	4	6	11	1	9	-	-	3	-
Todd	57	31	12	3	1	35	1	3	8	-	2	-
Traverse	36	21	6	-	-	8	-	-	-	-	3	1
Wabasha	185	173	7	8	3	16	2	2	-	-	7	-
***Wadena	56	40	-	-	-	16	36	-	-	-	-	-
Waseca	135	90	8	6	1	16	-	2	-	-	3	-
Washington	1,312	1,038	80	45	26	107	33	-	-	-	73	6
***Watonwan	112	112	-	-	-	-	-	-	-	-	-	-
Wilkin	76	60	-	-	-	5	-	-	-	-	5	-
Winona	511	380	9	-	-	26	18	2	-	-	9	18
Wright	819	732	30	16	10	37	17	1	8	-	11	1
Yellow Medicine	156	86	5	1	1	23	8	7	-	-	15	8

* Child includes all persons under age 21 plus unmarried mothers of any age who are receiving service related to their unborn child.
** Includes no public child caring institution in Minnesota according to definition.
*** Based on 10% sample (all corrected to adjust to total caseload reported).

APPENDIX B

CHILDREN* ON THE PUBLIC AGENCY SOCIAL SERVICE CASELOAD AS OF MARCH 31, 1975 FOR WHOM OUT OF HOME CARE WAS PURCHASED FROM PRIVATE AGENCIES BY LIVING ARRANGEMENT

County	Total	Foster Family Home	Group Home	Private Child Caring Institution	Maternity Home for Unwed Mothers	Other Institution
Total	1,522	343	173	888	10	108
Urban Total	794	165	50	524	-	55
Hennepin	525	88	-	437	-	-
Ramsey	148	59	20	69	-	-
St. Louis**	121	18	30	18	-	55
Rural Total	728	178	123	364	10	53
Aitkin	-	-	-	-	-	-
Anoka	60	-	4	42	-	14
Becker	-	-	-	-	-	-
Beltrami**	20	-	-	20	-	-
Benton	21	10	6	5	-	-
Big Stone**	-	-	-	-	-	-
Blue Earth**	-	-	-	-	-	-
Brown**	-	-	-	-	-	-
Carlton**	9	-	-	9	-	-
Carver**	66	-	-	66	-	-
Cass	4	-	1	-	-	3
Chippewa	1	1	-	-	-	-
Chisago	23	-	12	7	4	-
Clay	-	-	-	-	-	-
Clearwater	4	-	-	3	-	1
Cook	4	-	-	3	-	1
Cottonwood	-	-	-	-	-	-
Crow Wing	-	-	-	-	-	-
Dakota**	250	130	10	100	-	10
Dodge	5	-	1	4	-	-
Douglas	-	-	-	-	-	-
Faribault	-	-	-	-	-	-
Fillmore	-	-	-	-	-	-
Freeborn	13	-	-	10	-	3
Goodhue	-	-	-	-	-	-
Grant	1	-	-	1	-	-

APPENDIX B - Children* on the Public Agency Social Service Caseload as of March 31, 1975 for whom out of home care was Purchased from Private Agencies by Living Arrangement

County	Total	Foster Family Home	Group Home	Private Child Caring Institution	Maternity Home for Unwed Mothers	Other Institution
Houston	16	5	6	3	1	1
Hubbard	-	-	-	-	-	-
Isanti	8	1	5	2	-	-
Itasca	18	4	1	11	-	2
Jackson	1	-	-	1	-	-
Kanabec	5	-	4	1	-	-
Kandiyohi**	9	-	9	-	-	-
Kittson	-	-	-	-	-	-
Koochiching	1	-	-	1	-	-
Lac qui Parle	-	-	-	-	-	-
Lake	1	-	1	-	-	-
Lake of the Woods	4	4	-	-	-	-
LeSueur**	6	-	-	3	-	3
Lincoln	2	-	-	2	-	-
Lyon**	40	-	20	20	-	-
McLeod	3	-	1	1	-	1
Mahnomen	-	-	-	-	-	-
Marshall	-	-	-	-	-	-
Martin	2	-	-	2	-	-
Meeker	-	-	-	-	-	-
Mille Lacs	6	-	1	5	-	-
Morrison	-	-	-	-	-	-
Mower**	-	-	-	-	-	-
Murray	-	-	-	-	-	-
Nicollet	14	2	4	8	-	-
Nobles	20	4	5	11	-	-
Norman	-	-	-	-	-	-
Olmsted**	4	-	-	4	-	-
Otter Tail**	-	-	-	-	-	-
Pennington	2	-	-	-	-	2
Pine	-	-	-	-	-	-
Pipestone	16	14	1	-	1	-
Polk**	-	-	-	-	-	-
Pope	-	-	-	-	-	-
Red Lake	-	-	-	-	-	-
Redwood	-	-	-	-	-	-
Renville	-	-	-	-	-	-

APPENDIX B - Children* on the Public Agency Social Service Caseload as of March 31, 1975 for whom out of home care was Purchased from Private Agencies by Living Arrangement

County	Total	Foster Family Home	Group Home	Private Child Caring Institution	Maternity Home for Unwed Mothers	Other Institution
Rice	-	-	-	-	-	-
Rock	-	-	-	-	-	-
Roseau	-	-	-	-	-	-
Scott	9	-	2	3	-	4
Sherburne	-	-	-	-	-	-
Sibley	-	-	-	-	-	-
Stearns**	8	-	-	-	-	8
Steele	2	-	-	2	-	-
Stevens	-	-	-	-	-	-
Swift	1	-	1	-	-	-
Todd	4	2	-	-	2	-
Traverse	-	-	-	-	-	-
Wabasha	3	1	2	-	-	-
Wadena*	18	-	18	-	-	-
Waseca	5	-	-	5	-	-
Washington	-	-	-	-	-	-
Watonwan**	-	-	-	-	-	-
Wilkin	-	-	-	-	-	-
Winona**	-	-	-	-	-	-
Wright	10	-	-	8	2	-
Yellow Medicine	9	-	8	1	-	-

* Child includes all persons under age 21 plus unmarried mothers of any age who are receiving service related to their unborn child.

** Based on 10% sample (all samples corrected to adjust for total caseload reported).

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APPENDIX C

PRIVATE AGENCY CHILD* SOCIAL SERVICE CASELOAD AS OF MARCH 31, 1975
BY LIVING ARRANGEMENT AND GUARDIANSHIP OR CUSTODY

Living Arrangement	Total	Reported by Agency Other than Supervising Agency	Reported by Supervising Agency: Total	Parents	Dep./Negl. State Ward	Ment. Ret./Ment. Hyg.	Private Agcy.	Out of State Agency	Private Individual	Legal Guard. CSD or Priv. Agency	Direct Surrender Adoption	TPR	Adult (Age 21+)	Other 60 or Custody	Unknown or Not Reported
Total	4,772	81	4,691***	2,080	90	21	116	165	66	411	211	3	153	185	1,101
With Parents	1,666	-	1,666	1,575	1	-	-	-	10	15	-	-	68	33	89
With Relatives	60	-	60	87	1	-	-	-	16	1	-	1	5	7	8
In Foster Family Home	298	-	298	174	41	3	14	2	2	40	6	-	5	5	6
In Group Home	569	41	528	19	-	1	-	1	-	40	-	1	8	-	484 [463]
In Adoptive Home	996	-	996	46	33	-	109	259	5	199	203	-	-	180	22
Independent Living Arrangement	200	-	200	60	-	-	1	-	9	2	-	-	93	29	6
Total Institution	911	40	871	161	11	17	8	1	1	112	1	2	1	-	568
Public Child Caring Inst.	2(OS)	-	2(OS)	1	-	-	-	-	-	1	-	-	-	-	-
Private Child Caring Inst.	788	40	748	102	8	-	8	1	1	89	-	1	-	-	595 [519]
Maternity Home	26	-	26	14	-	-	-	-	-	3	-	-	1	-	8 [7]
Other Institution	95	-	95	45	3	17	-	-	-	19	1	-	1	-	9
Other Living Arrangement	30	-	30	5	3	-	-	-	2	1	-	-	9	9	1
Unknown or Not Reported	42	-	42	13	-	-	-	2	2	1	1	-	8	8	14

* Child includes persons under age 21 plus unmarried mothers of any age receiving service on behalf of their unborn child.

** Duplication between agencies not removed.

*** Includes 989 children reported by homes or institutions in which they reside rather than by agencies. Similar children were not included in this Appendix in prior years. Numbers of these children reported by type of facility are indicated in [ ].

(OS) Out-of-State

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APPENDIX D

LICENSED FAMILY DAY CARE HOMES

Number of Homes and Capacity by Supervising Agency on March 31

Supervising Agency	1975 Number of Homes	1974 Number of Homes	1975 Capacity	1974 Capacity
Total	3,863	3,331	14,457	11,355
Total Public	3,862	3,324	14,456	11,336
Total Urban	2,292	2,069	8,863	7,[illegible]21
Hennepin	925	910	2,775	3,268
Ramsey	1,084	924	5,360*	3,107
St. Louis	283	235	728	646
Total Rural	1,570	1,255	5,593	4,315
Anoka	317	297	1,090	941
Becker	4	3	16	9
Beltrami	2	3	14	4
Benton	6	9	23	33
Blue Earth	83	70	250	231
Brown	20	10	97	43
Carlton	12	10	38	34
Carver	23	17	84	62
Chippewa	7	3	25	12
Chisago	6	1	42	3
Clay	21	14	78	48
Cottonwood	2	1	15	6
Crow Wing	29	28	110	100
Dakota	248	208	971	755
Dodge	1	1	3	4
Douglas	42	28	146	106
Faribault	6	-	24	-
Freeborn	24	2	69	10
Goodhue	6	7	25	29
Grant	2	1	9	5
Houston	12	9	50	39
Hubbard	5	5	19	19
Isanti	9	2	31	7
Itasca	10	10	31	30
Kanabec	7	5	23	20
Kandiyohi	47	38	166	121
Lake	2	1	10	1
Le Sueur	9	7	48	33
Lyon	2	-	10	-
Mc Leod	15	1	52	4
Martin	1	1	2	5
Mille Lacs	6	5	27	19
Morrison	8	3	15	10
Mower	15	-	40	-

*Includes 2,000 school age.

APPENDIX D - (Continued)

Supervising Agency	1975 Number of Homes	1974 Number of Homes	1975 Capacity	1974 Capacity
Murray	2	2	10	10
Nicollet	39	44	137	147
Nobles	1	1	4	3
Olmsted	142	152	531	539
Otter Tail	13	6	51	20
Pennington	6	3	19	9
Pine	3	4	14	19
Polk	-	4	-	13
Pope	2	3	10	11
Redwood	11	4	48	20
Renville	5	5	15	16
Rice	5	2	24	7
Roseau	9	10	33	37
Scott	22	5	92	12
Sherburne	6	4	19	16
Sibley	2	2	10	7
Stearns	88	64	253	219
Steele	21	12	62	33
Stevens	14	2	27	4
Swift	6	2	30	8
Traverse	14	9	42	31
Wabasha	5	5	24	21
Wadena	1	-	3	-
Waseca	17	2	55	7
Washington	94	85	296	279
Watonwan	1	-	5	-
Wilkin	10	9	38	34
Winona	6	4	19	15
Wright	9	9	34	32
Yellow Medicine	7	1	35	3
Total Private Agencies	1	7	1	19
Catholic Social Service of St. Paul	-	4	-	10
Children's Home Society (St. Paul)	1	1	1	2
Family and Children's Service (Mpls.)	-	1	-	3
Lutheran Social Service (Mpls.)	-	1	-	4

APPENDIX E

LICENSED FOSTER FAMILY HOMES

Number of Homes by Supervising Agency on March 31

Supervising Agency	1975 Number of Homes	1974 Number of Homes	1975 Licensed Capacity	1974 Licensed Capacity
Total Public and Private	4,643	4,556	8,793	9,334
County Welfare Department Total	4,319	4,224	8,273	8,779
Total Urban	1,852	1,833	3,510	3,896
Hennepin	930	908	1,675	1,887
Ramsey	522	551	1,335	1,311
St. Louis	400	374	900	698
Total Rural	2,467	2,391	4,763	4,883
Aitkin	16	17	40	40
Anoka	229	238	436	469
Becker	46	50	75	84
Beltrami	57	62	143	139
Benton	21	23	52	54
Big Stone	9	8	17	16
Blue Earth	32	38	99	87
Brown	31	25	54	44
Carlton	35	34	83	64
Carver	31	25	46	68
Cass	47	53	98	114
Chippewa	17	16	38	27
Chisago	32	33	60	57
Clay	41	42	78	76
Clearwater	27	27	53	53
Cook	8	8	15	17
Cottonwood	13	6	26	11
Crow Wing	36	45	71	99
Dakota	112	115	152	216
Dodge	4	5	10	13
Douglas	32	41	71	90
Faribault	24	20	49	44
Fillmore	29	29	63	71
Freeborn	53	36	90	71
Goodhue	21	22	42	46
Grant	6	5	8	7
Houston	12	15	19	29
Hubbard	26	31	57	68
Isanti	47	29	73	61
Itasca	51	54	115	129
Jackson	11	10	20	19
Kanabec	19	21	27	45
Kandiyohi	54	40	87	65
Kittson	11	10	15	22
Koochiching	48	54	85	103
Lac Qui Parle	10	8	15	13
Lake	22	21	30	36
Lake of the Woods	3	3	5	5
Le Sueur	30	30	60	53
Lincoln	6	6	12	15
Lyon	28	20	42	51

APPENDIX E - (Continued)

Supervising Agency	1975 Number of Homes	1974 Number of Homes	1975 Licensed Capacity	1974 Licensed Capacity
McLeod	17	19	27	30
Mahnomen	11	11	50	30
Marshall	15	17	29	34
Martin	22	22	36	33
Meeker	21	21	37	38
Mille Lacs	28	32	66	71
Morrison	31	36	71	92
Mower	34	33	70	73
Murray	10	8	21	19
Nicollet	13	11	24	21
Nobles	22	22	37	41
Norman	3	5	9	10
Olmsted	93	79	156	139
Otter Tail	27	24	46	52
Pennington	19	22	53	57
Pine	33	36	80	86
Pipestone	12	11	31	24
Polk	17	10	39	25
Pope	17	10	34	24
Red Lake	-	4	-	9
Redwood	22	17	64	40
Renville	36	34	56	54
Rice	21	39	67	74
Rock	11	7	17	9
Roseau	19	23	39	58
Scott	43	42	90	90
Sherburne	27	14	63	34
Sibley	8	8	13	14
Stearns	80	74	171	159
Steele	8	9	11	16
Stevens	8	13	16	25
Swift	14	13	30	33
Todd	28	24	50	42
Traverse	4	3	8	6
Wabasha	14	16	22	26
Wadena	20	12	31	23
Waseca	22	14	40	25
Washington	135	125	248	234
Watonwan	7	4	28	13
Wilkin	8	6	14	11
Winona	34	24	71	49
Wright	53	55	90	139
Yellow Medicine	13	7	17	10

APPENDIX E - (Continued)

Supervising Agency	1975 Number of Homes	1974 Number of Homes	1975 Licensed Capacity	1974 Licensed Capacity
Private Agency Total	324	332	520	555
Catholic Social Service of St. Paul	20	29	40	38
Catholic Welfare Services of Minneapolis	13	16	25	30
Children's Home Society of Minnesota (St. Paul)	22	20	31	28
Children's Placement Service (Wilder - St. Paul)	55	57	109	119
Family and Children's Service (Minneapolis)	16	18	36	35
Jewish Family and Children's Service of Minneapolis	5	7	7	9
Jewish Family Service (St. Paul)	1	-	1	-
Caritas Family Services (St. Cloud)	9	5	11	7
Catholic Charities Docese of Winona, Inc. (Winona)	50	47	76	75
Catholic Social Service Assn. (Red Lake Falls)	2	1	2	3
Family Service of St. Paul	10	12	16	18
Lutheran Social Service of Minnesota (Minneapolis)	115	118	150	187
Professional Assoc. of Treatment Homes (Bloomington)	5	2	10	6
Luthern Social Service of South Dakota	1	-	6	-

APPENDIX F

I PUBLIC AGENCIES AND INSTITUTIONS

A. LIVING ARRANGEMENTS OF CHILDREN RECEIVING CHILD WELFARE SERVICES FROM STATE AND LOCAL DEPARTMENTS OF PUBLIC WELFARE ON MARCH 31, 1975

TYPE OF LIVING ARRANGEMENT	NUMBER OF CHILDREN
Total (sum of items 1-7)	58,534
1. Home of parent or relative or independent living arrangement: total	48,404
a. Home of parent	39,464
b. Home of relative	7,118
c. Independent living arrangement	1,822
2. Adoptive home	462
3. Foster family home	5,537
4. Group home	1,013
5. Child welfare institution operated by State or local department of public welfare	- *
6. Other institution: total	2,957
a. Child welfare institution not operated by a State or local department of public welfare	1,427
b. Maternity home for unmarried mothers	35
c. All other institutions	1,495
7. Other living arrangement	161

* There are no institutions in Minnesota which meet the definition of Public Child Welfare institution.

APPENDIX F - (Continued) Corrected Copy 7/14/75

I PUBLIC AGENCIES AND INSTITUTIONS

B. CHILDREN FOR WHOM FOSTER CARE WAS BEING PURCHASED BY STATE OR LOCAL DEPARTMENTS OF PUBLIC WELFARE FROM VOLUNTARY CHILD WELFARE AGENCIES AND INSTITUTIONS, BY TYPE OF FOSTER CARE ON MARCH 31

TYPE OF FOSTER CARE		NUMBER OF CHILDREN
Total	1,522	1,521
1. Foster family home (included under I.A.3)	343	355
2. Group home (included under I.A.4)	173	168
3. Institution: total (included under I.A.6)	(1,006)	998
a. Child welfare institution	888	885
b. Maternity home for unmarried mothers	10	5
c. All other voluntary institutions	108	108

APPENDIX F - (Continued)

III VOLUNTARY AGENCIES AND INSTITUTIONS

A. LIVING ARRANGEMENTS OF CHILDREN SERVED BY VOLUNTARY CHILD WELFARE AGENCIES AND INSTITUTIONS ON MARCH 31, 1975

TYPE OF LIVING ARRANGEMENT	NUMBER OF CHILDREN
Total (sum of items 1-7)	4,772
1. Home of parent or relative or independent living arrangement: total	1,926
a. Home of parent	1,666
b. Home of relative	60
c. Independent living arrangement	200
2. Adoptive home	896
3. Foster family home	398
4. Group home	569
5. Institution operated by the agencies or institutions reporting: total	774
a. Child welfare institutions	748
b. Maternity homes for unmarried mothers	26
6. Other institution: total	137
a. Child welfare institution not operated by the agencies or institutions reporting	40
b. Maternity home not operated by the agencies or institutions reporting	-
c. All other institutions	97
7. Other living arrangement (Includes 42 Living Arrangements not reported).	72

8. Does Section II.A include a report from every voluntary child welfare agency, child welfare institution, and maternity home for unmarried mothers in the State?
Yes X No ______ If not, state:

	Child welfare agencies	Child welfare institutions	Maternity homes
a. Number of agencies or institutions not reporting	0	0	0
b. Estimated number of children served by these agencies or institutions as of March 31	0	0	0

APPENDIX F - (Continued)

III CHILD CARING FACILITIES IN THE STATE

as of March 31, 1975

A. NUMBER AND AGGREGATE CAPACITY OF ALL CHILD WELFARE INSTITUTIONS AND MATERNITY HOMES FOR UNMARRIED MOTHERS

AUSPICES	CHILD WELFARE INSTITUTIONS		MATERNITY HOMES	
	NUMBER (1)	AGGREGATE CAPACITY (2)	NUMBER (3)	AGGREGATE CAPACITY (4)
Total	25	946	1	10
Public	-	-	-	-
Voluntary	23	894	1	10
Independent	2	52	-	-

B. NUMBER AND AGGREGATE CAPACITY OF LICENSED OR APPROVED FOSTER FAMILY HOMES AND GROUP HOMES, BY AUSPICES

AUSPICES	FOSTER FAMILY HOMES		GROUP HOMES	
	NUMBER (1)	AGGREGATE CAPACITY (2)	NUMBER (3)	AGGREGATE CAPACITY (4)
Total	4,643	8,793	84*	736
Public	4,319	8,273	24	185
Voluntary	324	520	24	208
Independent	**	**	36	343

* Includes 5 for retarded. ** Not available but majority of homes have only children placed by and paid for by public agencies therefore reported as "Public".

C. NUMBER AND AGGREGATE CAPACITY OF LICENSED OR APPROVED DAY CARE CENTERS AND FAMILY DAY CARE HOMES, BY AUSPICES

AUSPICES	FAMILY DAY CARE HOMES		DAY CARE CENTERS	
	NUMBER (1)	AGGREGATE CAPACITY (2)	NUMBER (3)	AGGREGATE CAPACITY (4)
Total	3,863	14,457	236	8,725
Public	***	***	11	328
Voluntary	1	1	105	3,713
Independent	3,862	14,456	120	4,684

*** Not available but majority of homes accept children directly from parents and are paid directly by parent fees or combination of sources. Therefore, including as "Independent".

REPORT ON

PROVISION OF CHILD WELFARE SERVICES

IN NEW YORK STATE

1974-1975

NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES

ANNUAL REPORT ON PROVISION OF CHILD WELFARE SERVICES
IN
NEW YORK STATE

1974 - 1975

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
1450 Western Avenue
Albany, New York 12243

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STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
1450 WESTERN AVENUE
ALBANY, NEW YORK 12243

STEPHEN BERGER

The Honorable Hugh L. Carey
and Members of the Legislature
of the State of New York

I am pleased to submit herewith the first annual report on child welfare services in New York State, as required by Chapter 1040 of the Laws of 1974.

The period covered by this report -- generally April 1, 1974 through March 31, 1975, although there is some reference to later developments -- was an eventful one in the child welfare field. It saw:

- o Continued development and increasing utilization of child protective services throughout the State.
- o Initiation of a series of projects designed to test the effectiveness of intensive family casework strategies in preventing the placement of children in foster care.
- o Implementation of the first phase of a sophisticated system of standards governing reimbursement for the provision of foster care.
- o Increased utilization of adoption subsidies.
- o A rapid expansion of the State's Child Health Assurance Program (CHAP) which provides for systematic screening, diagnosis, referral and treatment of the State's Medicaid-eligible children.
- o Commencement of an innovative research and demonstration program that is exploring ways to identify and meet more effectively the service needs of the State's children; the program has already begun to pay off with some proposals for improvement of adoption services.
- o Continued demonstration of heightened legislative interest in

the field of child welfare, especially through the work of the Temporary State Commission on Child Welfare.

Yet despite these positive developments, there is much to be done before we can be satisfied with our efforts to insure the welfare of the State's children, as the problems outlined in this report attest.

- The delivery system for child welfare services in New York remains considerably more effective in placing children away from their families than in preventing family breakdown and preserving the child's own family.
- After years of discussion concerning the need for comprehensive planning and service integration in the field of human services, the State is still without a real capacity for overall planning and coordination of the many agencies engaged in providing services for children. The separation of income maintenance from services, so widely hailed only a few years ago, has aggravated this problem in some of our largest districts by effectively eliminating the comprehensive case management function.
- Many barriers to the provision of permanent homes to children who need them still cripple the effectiveness of our adoption programs.
- A variety of "children with special needs" -- the handicapped, the emotionally disturbed, older adolescents with histories of aggressive behavior -- are ill-served, or not served at all, by the existing child care system.
- Our capacity for holding service providers accountable to the public -- both in fiscal and programmatic terms -- remains inadequate.
- Our day care program, especially in New York City, continues to suffer from a failure to clearly define its purposes, and from pervasive poor management.
- The Department of Social Services lacks the capacity to provide thorough, on-going, on-site monitoring of and technical assistance to local social services districts, and current budgetary constraints leave little hope that this weakness can be immediately corrected.

In the months ahead, all of these problems will be on the agenda of the Department of Social Services. Our top priority will be a renewed emphasis on the total family as the focal point of all assistance and service programs. This means that the gulf between income maintenance and services must be bridged -- that "children's services" cannot be provided in a vacuum, in some way separate from the total human environment that shapes the child's life -- that child health cannot be assured if the health needs of the family as a whole are ignored.

In recent months I have visited a number of districts where despite

Federal mandates concerning separation, local officials and workers have managed to retain or develop anew organizational and programmatic means to assure that a family's needs are considered in comprehensive fashion, with minimal red tape, delay, and shuffling of people from unit to unit. In the future, the Department will be trying to assist other districts, including New York City, to develop this kind of integration. We will also seek to reestablish wherever possible the principle of individual worker responsibility for ongoing management of each case.

The Department of Social Services will also attempt to develop or strengthen linkages between services that are specifically child-centered and services to the entire family. In foster care, this will mean insuring that the agency responsible for the child gives sufficient attention to the needs of the entire family. Through its child welfare research and demonstration program, funded under Title IV-B of the Social Security Act, the Department has for example begun to help Nassau County reorganize its foster care staff in a way that will better effect this linkage. In day care, it will mean abandoning the futile debate over whether day care should primarily serve the mother or the child, and structuring our programs in ways calculated to insure that priority will be given to maximizing the overall welfare of the family. In the area of medical assistance, it will mean using the impressive outreach, evaluation, referral and tracking system that the Federal government requires us to develop under the CHAP program, as an infrastructure for identification of other family needs beyond child health services, and for facilitating local agency response to those needs.

Finally, it should be noted that any serious consideration of the problem of insuring the welfare of the total family inevitably leads to a conclusion that elimination of the gross discriminations against intact, working families that now characterize most federal welfare programs is absolutely essential.

Among our other priorities will be:

- o Development and implementation of preventive service strategies designed to avoid the separation of children from their families by dealing with the various problems that contribute to family dysfunction. This work will draw resources from both the Department's Title IV-B demonstration program and from the $3.75 million requested by the Governor for preventive services and authorized by the Legislature.

- o When separation from the natural family is inevitable, provision of a home for each child that approximates as closely as possible a family setting. For most younger children, this will mean an acceleration and expansion of efforts now under way to increase adoptive placements -- establishment of a Statewide "picture listing" exchange, removal of legal, financial and attitudinal barriers to adoption, more effective recruiting, etc.

For children who remain in foster care, it will mean minimizing our reliance on large congregate institutions.

- An intensified effort to use the vast resources already committed to our child care, juvenile justice, mental hygiene and other systems to serve more adequately children who have special needs -- the emotionally disturbed, the violent, the handicapped.

- Development within the Department's Services Division of a planning capacity that will enable us to use to maximum advantage the authority for services planning and coordination that we now have under Title XX.

- A major effort to develop the kinds of management information needed on a Statewide basis to ensure accountability of service providers, as well as improved program management capabilities at the local level. In the immediate future our focus will be on foster care agencies throughout the State, and on day care providers in New York City.

It is obvious that in all of these areas, the Department's efforts will have to be closely coordinated with those of a number of other agencies, including the Board of Social Welfare, the Division for Youth, the Department of Mental Hygiene, and the Education Department. Indeed if the agencies active in this field do not work in concert, the result will inevitably be duplication of effort, confusion, and a waste of financial and human resources -- precisely at the moment in our history when more effective deployment of our shrinking resources represents our only chance for progress. The result of non-cooperation is likely to be not just a failure to move ahead, but indeed a retrogression.

It is an axiom of public affairs that cooperation and coordination are far more frequently invoked than achieved. Nevertheless, since coming to the Department of Social Services, I have been greatly encouraged by the willingness to cooperate and the disregard for institutional jealousies shown by the top-level leadership of State agencies. I have been encouraged too by the leading role that the Governor has taken -- both personally and through his staff -- in fostering cooperation and providing direction. This strong central direction is obviously the most critical coordinating force of all.

It is always tempting to seek integration of diverse programs by organizational fiat -- by reshuffling the various administrative boxes through which multifaceted activities identified in some way or other as "children services" are conducted. Such an oversimplified approach would be counterproductive. I do not deny the utility of some organizational change, and certainly do not presume that the existing arrangement of functions is in some way optimal. But future organizational changes must evolve from a common understanding of the purposes of programs for children and families, and of the directions we wish to take in the future.

It is to this clear definition of purposes and objectives that the State's leaders -- in the Executive branch, the Legislature, and our local communities -- must devote their energies. Particularly in this time of shrinking resources, the specific program initiatives undertaken by each agency, and the statutory initiatives of the Legislature, should reflect a concerted, coherent approach to insuring the welfare of all of the people of the State -- including its children.

Sincerely,

Stephen Berger

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INTRODUCTION

In accordance with subdivision 5 of Section 407 of the Social Services Law, the Department of Social Services has prepared this evaluation report of the delivery of child welfare services in New York State. While in completing this task we have consulted with the Board of Social Welfare, the Division for Youth, and the Departments of Mental Hygiene, Health, and Education, we have confined the content of this report to those services generally related to programs provided, paid for, and administered by local departments of social services and to those services of other state or local agencies which relate to them. It is indicative of some of the problems inherent in the child welfare field that there is little precise definition of what child welfare services are and who is responsible for their delivery. Countless activities conducted by a wide range of health, educational, recreational, and social services agencies under all auspices can reasonably be said to contribute to the welfare of children. More specifically, however, child welfare services have come to connote a field of social work practice which provides formalized ways of helping children whose parents are unable or need assistance to carry on their child-rearing responsibilities. These services may be designed to strengthen or reinforce the ability of parents to meet their children's needs, to supplement parental care, or to provide substitute care when the parent is unable to adequately care for the child.

Services covered in this report fall into several areas:

Counseling services of various kinds, which range through brief, supportive, advice-oriented counseling to intensive psychiatrically-oriented counseling.

Day care, which provides care for part of the day for children whose parent(s) are employed or who require care because of the inability of the parent(s) to assume full responsibility for the child.

Homemaker services, which may provide 24-hour care in order to keep a child in his own home during an emergency, or which may be used to assist and educate the mother in housekeeping skills.

Protective services, which carry a responsibility to provide help in behalf of a child reported to be abused or neglected. Protective services units receive and investigate complaints of neglect or maltreatment and provide services as necessary to prevent further neglect or abuse. In New York State, protective services relate to the State Child Abuse Register and all cases reported for neglect and abuse are monitored by the State Department of Social Services.

Foster care, which is care of a child away from his own home for 24 hours a day. Foster care may be provided in a foster family, or in group facilities such as institutions, group residences, group homes or agency-operated boarding homes.

Adoption services, which relate to the placement of a child in a permanent home through the legal mechanisms of adoption. It includes the recruitment, study and evaluation of applicants for adoption, the selection of the home for the child, and the supervision of that child in the adoptive home prior to legal adoption.

Ideally, the provision of services would begin with those services which most effectively support the family in its child-rearing functions. The more drastic solution of full-time substitute care should be used only when other services have proven ineffective. In practice, too often placement is the first and only solution available to meet the problem. It is the consistently expressed opinion of professionals that our current laws and practices encourage substitute care.

An evaluation of the delivery of child welfare services in New York State must consider not only what is being done, but what is not. Taxpayers, legislators on all levels, and professionals in the field of child welfare are constantly being called upon to make decisions as to the extent of society's responsibility to its children. Perhaps one of the most discouraging facts to be faced is that in spite of increasing investment, there is little evidence that problems are decreasing in frequency or severity. In 1967, the report of the Joint Legislative Committee on Child Care Needs began with the sentence "Services to children in New York State are inadequate to meet the existing needs of the dependent, impoverished, or troubled children in our ever growing population." It is also pointed out in this report that "it is easier to secure increased appropriations for existing and costly traditional programs that treat children after they have been removed from their own homes than to initiate a sound, less costly, comprehensive preventive program geared to keeping families intact."

The passage of Title XX of the Social Security Act affords the opportunity to identify needs, to estimate costs for individual services and to develop necessary evaluation systems to determine the effectiveness of our programs. This new legislation, effective October 1, 1975, may give us a structure on which we can build a planning process for the effective delivery of Child Welfare Services.

HISTORICAL PERSPECTIVE

In order to give a proper perspective to the present delivery system, a brief history of how dependent children were cared for in the past might be useful. During the period 1776-1823, the public care of dependent children in New York State fell under three major categories: (1) maintenance in the local poorhouse, (2) relief in their own homes, and (3) the system of indenture and apprenticeship.

Between 1820 and 1870, a number of children's institutions were established. There were but two orphan asylums in New York State in 1825, and by 1866 there were over 650. A number of institutions for neglected and truant children were also established. Organized and operating under private auspices, these institutions received funds from state and local sources. The state contributed to the building and maintenance of many of these institutions through general annual appropriations to be distributed by the several counties on a per capita basis and through direct lump sum grants to specified institutions. The financial participation of the state in the upkeep of these organizations increased steadily and was one of the main factors leading to the establishment of a central supervisory body, the Board of State Commissioners of Public Charities in 1867.

In spite of the growth of special child caring institutions, the number of children in almshouses continued to increase. By 1866 there were more than 26,000 children under 16 years of age being supported in poorhouses throughout the state, under conditions so shocking as to result in the passage of the Children's Act of 1875, forbidding the retention of children between the ages of 3 and 16 in almshouses. It was not until 1923, though, that the statute books were wiped clean of all references to "binding out" and "indenture."

The children's law of 1875 failed to realize one of its main purposes -- to encourage the placement of children in foster family homes. By 1894, the pattern of child care in the state had become so well defined as to be known as the "New York System." Its principal feature was the policy of placing dependent and neglected children who were public charges under the care of private agencies and institutions, which were reimbursed by the responsible counties, cities, or towns on a per capita basis. Most dependent, delinquent and neglected children were in institutions; only a small percentage were maintained in foster family homes. But, by 1895 proponents of family care dominated the field of child welfare. Their case was progressively strengthened by investigations and inquiries which exposed the faults and weaknesses of institutions. As agitation against child labor and recurrent reports of maltreatment of indentured children increased, "boarding out" gained favor. By 1916, many local poor-law authorities throughout the state were utilizing boarding out as an important part of their child welfare program. However, the system of family care also had difficulties. Adequate standards of home finding, of investigation, of follow-up, and of record-keeping and reporting were built up slowly and with the greatest difficulty.

In addition to institutional care and foster home care, there was yet another major development in providing for dependent children. The principle of maintaining the needy child in his own home gained acceptance and led to the Child Welfare Act of 1915. The law authorized the granting of allowances to widowed mothers with one or more children under the age of 16 "in order that such children may be suitably cared for in their homes by such mothers."

These three basic types of care; namely, institutional, boarding out and maintaining at home are in effect today. Legislation passed since then has served to improve and expand these concepts. In 1935, under the Social Security Act, federal funding was for the first time made available to states for child welfare programs. While a relatively small sum of money was appropriated, this legislation established a role for the federal government in the area of children's services. In 1953, a new state system was established in which the state for the first time assumed a share of the cost, previously borne by localities and/or the federal government, of all public welfare programs authorized by the Social Welfare Law. In 1956, an amendment to the Social Security Act mandated that public assistance programs include services designed to restore individuals and families to self-sufficiency as well as financial aid. A 1962 amendment required provision of such services in the Aid to Families with Dependent Children program and authorized additional federal aid to states for the administrative expense of providing defined services in all federally-aided public assistance cases.

During the 1960's there was, therefore, a great expansion in the provision of services. The provision of "Home Services Programs" in child welfare was encouraged, and many local agencies established home services units which included preventive and protective services, family day care services, and homemaker services.

This trend was reversed by the imposition, in July 1972, of a ceiling on federal funding for services. Under the present federal formula, New York State's share of available federal funds has actually been reduced from $220 million to $217 million. A State ceiling of $37 million, the amount required to match federal funds, has been imposed. The fragmentation of children's services was increased by the separation of services from income maintenance which was federally mandated to become effective January 1, 1973, and which had the effect of dispersing the previously cohesive children's service units. At the same time, reorganization on the State level resulted in the elimination of the various Area Offices, which had closely supervised local agency programs. The result was that little assistance and guidance was available to the local agencies during a time when basic changes in philosophy and program were being thrust upon them.

FUNDING CHILD WELFARE SERVICES

Child welfare services provided through social services districts in New York State are funded through a complicated combination of federal, state, and local funds. Federal reimbursement varies depending upon the status of individuals within programs and upon the services. Certain services (as differentiated from maintenance costs) provided for children have been eligible for federal aid under Title IV-A of the Social Security Act, now under Title XX, subject to the limitation of the ceiling on federal funds for services. For these services, the federal share is 75%, with the state and the locality sharing the balance of the cost. For those children in foster care who are ADC eligible for ADC-FC, federal aid for maintenance costs is 50%, again with state and local sharing the balance. Costs of other services, such as the maintenance of children in foster care who are not eligible for ADC-FC, are shared on a 50-50 basis between the State and the local district. State policy demands the utilization of federal funding insofar as it is available, and in some programs limits the amount of state aid available in relation to the amount of federal funding.

The following is a breakdown of expenditures for children's services funded through the Department of Social Services for the latest complete year. The figures under "Federal Participation" include both services funds under the ceilings and the open-ended appropriations under Aid to Dependent Children. Additional information on funding will be included in the individual services descriptions.

Expenditures For Services to Children
By Program By Source of Funds
New York State /1

Program	Total All Source	Federal Funds	State Funds	Local Funds
	Source of Funds			
Total All Programs	473,394,342	215,181,527	128,167,960	130,044,855
Administration /2	88,509,632	66,382,224	11,063,704	11,063,704
Maintenance /3	384,884,710	148,799,303	117,104,256	118,981,151
Foster Care	271,845,541	63,716,700	103,125,973	105,002,869
Administration	33,503,246	25,127,435	4,187,906	4,187,906
Maintenance	238,342,295	38,589,265	98,938,067	100,814,963
Day Care	156,705,514	117,832,362	19,436,576	19,436,575
Administration	10,163,099	7,622,324	1,270,387	1,270,387
Maintenance	146,542,415	110,210,038	18,166,189	18,166,188
Protective - Preventive				
Administration	25,029,427	18,772,070	3,128,678	3,128,678
Maintenance	-	-	-	-
Homemaker				
Administration	14,794,113	11,095,585	1,849,264	1,849,264
Maintenance	-	-	-	-
Adoptive				
Administration	3,358,413	2,518,810	419,802	419,802
Maintenance	(963,611/2,871,518) Fee Subsidy			
Unwed Parents				
Administration	1,661,334	1,246,000	207,667	207,667
Maintenance	-	-	-	-

/1 Source - NYS DSS Bureau of Budget Management
- RMS Report for Federal Fiscal Year 73-74 (7/1/73 - 6/30/74)

/2 Data for fiscal 73-74

/3 Data for calendar 1974

SUPERVISION AND ADMINISTRATION OF CHILD WELFARE SERVICES

A. Statutory Basis

The basis for the provision of child welfare services through the Department of Social Services is the New York State Social Services Law. Services are administered by 58 local social services districts, supervised by the New York State Department of Social Services.

Child caring facilities are supervised by the State Board of Social Welfare. The authority of the Board of Social Welfare to inspect and supervise agencies and institutions caring for children is based on the New York State Constitution, Article XVII and Section 750.1 of the Executive Law.

Authority for other state agencies to provide for the care of children is in the Executive Law (Division for Youth), the Mental Hygiene Law (Department of Mental Hygiene) and sections of the Education Law and the Public Health Law. Services provided by the Division for Youth and the Department of Mental Hygiene are administered at the State level.

B. Organization and Responsibilities of the State Department of Social Services

1. Services to children while directly administered by local departments of social services are supervised by the Bureau of Children's Services, part of the Division of Services of the State Department of Social Services. In a locally-administered system, the real determinant in the quality of services provided is the adequacy of the local staff. While the Legislature can mandate certain activities, and the State agency can provide guidance and supervision, and even impose fiscal sanctions if districts are not in compliance, there is no effective method of mandating good judgment and sound casework practice. The Bureau was created in March 1974 in recognition of the need for the State Department of Social Services to take the lead toward a more accountable and integrated approach to the planning, delivery, and evaluation of children's services within the context of the total social services delivery system. Because of the many changes in federal and State policies over the past few years, and the resultant reorganization of State and local services delivery systems, children's services had become fragmented, disorganised, and in too many cases, ineffective and without visible leadership. During the past year, the Bureau has taken an increasingly active leadership role in the effort to guarantee the maximum feasible fulfillment of the commitment of the State to provide effective and appropriate social services to the children of New York.

   There are three major units within the Bureau, Foster Care and Adoption, Day Care, and Child Protective Services. These units are responsible for systematic development of regulatory standards. Work in this area involves a range of activities, including, for example, planning the coordination of foster care services with Family Court activities in relation to foster care; planning and developing standards for the selection of adoptive parents; designing plans for improved reporting of cases of abuse and neglect of children; planning and developing revised regulations governing the operation of foster care homes; planning standards for child development components of day care programs; and planning and developing workload standards for State licensing staff.

They also evaluate the quality of social services to families and children. Work in this area is directed to determining whether social services policies are being implemented in the field and focuses on review of the degree to which federal and State law, rule and regulation are being carried out. Also included are reviews to determine the effectiveness of current policies in achieving desired outcomes and the identification and exploration of major barriers to reaching program goals. For example, determination of the degree to which child abuse is reported and reasons for any lags which are evident; determination of the reasons for lengthy foster care of children who might be adopted; and evaluation of the adequacy of procedures for obtaining medical care provided children in foster care and in day care. In addition, these units direct and conduct policy analyses of pending and existing federal and State law, rules and regulations. Work in this area involves review and analysis of the fiscal and program impact of proposed and existing legislation and regulation, with a view to uncovering policy implications. The analysis provides judgment on the effect of proposed legislation on the receipt of federal aid by the State, on ways in which legislation might be proposed to increase federal aid, and on recommendations for new legislation. With respect to new legislation, the recommendations may include, for example, proposed amendments to federal law seeking an improved formula yielding increased federal aid; or a proposed revision of law to allow purchase of day care from school districts to better utilize these obvious resources.

Another major responsibility is carried out through active relationships with executive and program staff of local public social services agencies. Duties in this area include speaking to community groups, and at meetings and conferences of citizen or professional advisory groups.

Miscellaneous duties include routine office management responsibilities, determining personnel needs, recruiting personnel, supervising administration of the Interstate Compact on the Placement of Children, and supervising operation of the Department's Adoption Exchange.

Besides these major responsibilities the following should be noted:

a. Foster Care and Adoption. This unit is responsible for the supervision of all programs relating to children in 24-hour care. It consists of a director and eleven professional staff members who are responsible for supervising the foster care and adoption programs of 58 social services districts. Since there is no unit responsible for a variety of other children's services, the Foster Care/Adoption Unit carries responsibility for such preventive services as are provided, for services to unwed mothers, and for the range of other child welfare services.

b. Protective Services. This unit is administered by a director and three professional staff members in Central Office, plus thirteen professional and sixteen clerical members for the child abuse register. It is responsible for supervising the mandated protective services in all local social services districts, as well as receiving referrals for child abuse and neglect and monitoring the local district's response to such complaints.

c. Day Care. This unit is administered by a director and eight professional staff in Central Office, plus 19 Day Care Licensing staff in the three regional offices. It is responsible for supervising both family and group day care programs in the 58 local social services districts, as well as licensing all public and private day care facilities.

Also under the Day Care Unit, is the staff person for the Bureau of Community Facility Construction. This person is charged with oversight of the Youth Facilities Improvement Act, and aids community-based sponsors in the development and construction phases of day care centers. The Community Facilities Project Guarantee Fund acts as a guarantor for loans made by private lending institutions for the construction of day care centers. The Board of the Community Facilities Project Guarantee Fund has placed a moratorium on the approval of any new loans.

2. There are other programs administered through the local social services districts and supervised by the State Department of Social Services which relate to children's services although they are not identified as such. The income maintenance programs contribute to the welfare of children in providing financial support. Approximately 837,000 children received Aid to Dependent Children payments. Homemaker services, while not identified as a children's service, does provide supplemental parental care and make it possible for some children to remain with their families. Medical assistance, particularly through the Child Health Assurance Program, provides health care to children both within their own homes and in foster care.

C. Supervisory and Administrative Methods

With the limited numbers of staff available to supervise the various services, supervision of local social services districts cannot be accomplished on an individual basis. Capacity for enforcement of regulations is weak. The Department relies heavily upon the preparation of administrative directives which provide guidance to the local social services districts in their administration of programs. Periodic audits by the Office of Audit and Quality Control are conducted to determine how effectively local districts are meeting some of their mandates, with corrective action recommended when shortcomings are discovered. The Bureau of Manpower Planning and Development supervises local training programs and provides technical assistance to local staff development personnel.

1. Administrative Communications

Professional staff within each unit prepare essential regulations and administrative directives with the assistance of the Office of Counsel. The Office of Administrative Services is responsible through its Directives Systems Unit for planning, oversight and coordination of all department releases, through which policy, program developments and information flow to the Social Services agencies.

There are three types of directives which are distributed by the Department.

a. Administrative Letters transmit policy interpretations of information bearing directly on local operations. The content is usually related to a specific topic and limited in duration or in effect.

b. Bulletins and books of the State Manual of Policies and Procedures contain directive, interpretive and advisory materials of general and continuing applicability. They are kept up-to-date by page replacements.

c. Informational Letters are used to communicate materials that are purely informational, educational, and optional in nature. They may also include notices of potential changes in program plans.

2. Audits

The Office of Audit and Quality Control conducts audits of all programs on an ongoing basis. During 1974 audits were completed in the major child welfare programs in 35 districts.

Foster Care Audits

In 1974 eleven audits were completed. The purposes of these audits were to assure that:

a. Localities are in compliance with major laws and regulations for safeguarding the welfare of children in foster care.

b. The foster care program is run effectively, efficiently, and economically, including confirmation that fiscal accounts and records of the local districts and the foster homes are in conformance with mandates.

c. Adequate controls are used in the preparation and maintenance of records so as to provide reliable data on which both federal and State reimbursement may be claimed.

In general, local agencies were found to operate the foster care program in compliance with rules and regulations. However, it was pointed out that there was a lack of understanding of the eligibility requirements for ADC-FC in the local agencies. Since this is a basis for federal reimbursement in the foster care program, training sessions were conducted by program staff for all districts, and an administrative letter was prepared to clarify ADC-FC eligibility for the purpose of reducing State/local levels of financial support.

Problems also exist in obtaining support from responsible relatives of children in foster care. The Department is in the process of developing a uniform standard for contributions to insure equity in the amount required to be paid by parents.

Protective Services Audits

Audits were conducted in 1974 to evaluate the effectiveness of the local departments in safeguarding the welfare of children as required in the Social Services Law, Title 6, which became effective September 1, 1973. The audit plan calls for a review of the operations of the local Child Protective Services Units, including their organization and staffing patterns and the systems and controls that have been established to meet mandated requirements to provide effective protection. Where services are purchased from public or private agencies, these are also subject to audit in regard to the responsibility of the Child Protective Service Units to monitor the services provided and the propriety of the reimbursement claimed. Adherence to reporting requirements is reviewed on a sample basis. During 1974, thirteen districts were audited; of these, four audits have been completed and final reports have been issued. An additional eight districts will be audited in 1975. Findings to date indicate that, in general, the districts have made significant strides in setting up the required program with minor exceptions in regard to the timely submission of forms and maintenance of expungement of records.

Day Care Audits

Audits were conducted in 1974 to evaluate the effectiveness of the local departments in complying with Administrative Letter 72-PWD-194 "Eligibility and Payments for Day Care Services" issued March 15, 1973. Release of this letter was prompted by a need to comply with federal requirements on uniform statewide standards and the federal ceiling imposed on Federal reimbursement for services provided under Social Security Act Titles IV-A and XVI. The letter consolidated Department policy and updated existing Department Regulations to reflect 1971 and 1972 legislative changes, and had an effective date for implementation of January 1, 1973.

Administrative Letter 73-PWD-35, effective for any services provided after April 1, 1973, mandated the use of new forms and new billing, auditing, and claiming procedures as a condition for reimbursement for all day care services.

Adherence to the requirements is reviewed on a sample basis. During 1974, 21 districts were audited. Ten districts are slated for audits for 1975-76, and an additional seven will be spot-checked. Findings to date indicate that much progress has been made in attaining compliance with the required program.

While earlier audits conducted by the Department found a variety of errors and omissions, recent audits indicate that some districts are close to full compliance.

3. Training

Local agencies are required to implement training programs for children's services staff. Each agency designates a staff member who shall be responsible for training within the district. An annual plan is submitted to the Bureau of Manpower Planning and Development, as are quarterly training activity reports.

In addition to supervising these local efforts, the Bureau of Manpower Planning and Development conducts regional or state-wide meetings on subjects of current concern. These might be on specific matters such as child protection or family day care, or may be more general, such as management training or interviewing methods. For example, in 1974, statewide meetings for local districts staffs in foster care, adoption, protective services, and day care were organized and conducted by the Children's Bureau staff together with the Bureau of Manpower Planning and Development.

The Bureau of Manpower Planning and Development also cooperates with the Department of Health, Education, and Welfare in the utilization of training funds provided by the federal government. In 1974, working with the local districts and schools of social work throughout the state, the Bureau was able to obtain approval for some $500,000 in training grants for 14 programs across the State. These programs, conducted by various colleges and universities, are providing instruction in the areas of foster care, abuse and neglect, adoption, and management for various levels of social services staff.

In addition to these formal training efforts, staff members within the Bureau of Children's Services frequently meet with local staff. All three units within the Bureau have conducted several regional or statewide meetings during 1974 which have dealt with a wide variety of issues of concern to the local departments.

4. Information Systems

The size of the child welfare caseload and the fiscal implications demand accurate reporting and information systems to provide statistical data on which management decisions can be based. A great deal of information flows into the Department through various reporting and claiming devices. Until recently, however, there was no centralized method of collecting services information.

The Social Services Information System was launched in 1973 with the idea that it would be a comprehensive reporting system on all services provided by local social services districts, with data collection concentrated on one form. The SSIS system, beset with implementation problems, has nevertheless demonstrated the practicality of such a system.

For several years, an independent foster care information system has been under development in New York City. This system, known as the Child Welfare Information System (CWIS) is sponsored jointly by the voluntary child caring agencies and the City of New York. It is by far the most sophisticated information system currently in use. All children receiving foster care under the auspices of the New York City Department of Social Services are entered in the CWIS system and the resultant information is detailed and timely enough to be the basis for good program management.

In 1974, the Department received funding through a private foundation to contract with a consulting firm to examine the child welfare informational needs throughout the State and to recommend a statewide reporting system. Planning in this area is continuing. Under consideration is the expansion of the CWIS system to include all upstate districts, or the development of an upstate system, which would interface with the CWIS system to provide similar statewide data. The goal of the Department is to develop a comprehensive reporting system which will give maximum information for program planning and management purposes, while requiring minimal time on the part of the professionals in the field who must provide the basic data.

SERVICES UNDER SUPERVISION OF THE DEPARTMENT

A. Foster Care-Adoption

1. Statutory Authority

General statutory basis for the provision of foster care through the Department of Social Services is in Sections 131 and 153 of the Social Services Law. Specific responsibility for children is defined in Article 6, especially sections 371 and 398. The Family Court Act gives the Family Courts of the State the authority to commit or discharge children to the custody of the local social services commissioners. Therefore there is a close relationship between the Family Courts and local departments of social services. Recent legislation requiring court review of foster care placement has intensified this relationship.

A complete summary of the statutes relating to foster care services is attached in Appendix B. It is essential, however, that the impact of particular laws and regulations upon foster care practices be understood.

a. Section 392: This statute, requiring what is commonly referred to as the "24 month review," became effective in July, 1971. It provides that children in foster care who are not subject to periodic court review because of their adjudicated status, shall be referred to the Family Court for a review of their foster care status at least every 24 months. It has been reported that the purpose of the statute was to avoid having children "lost in the system" by assuring that the Court would be made aware of their existence and either approve the continuation of their placement or order the agency responsible for them to make other plans, usually return to the family or placement for adoption.

While the intent of the law is laudable, and it seems likely that the requirement for a review has forced placement agencies to consider alternative plans for children under their care, there is considerable question as to whether the Courts are the proper agencies to become involved in what basically is a social, not a legal, decision, and whether the overcrowded and understaffed Family Courts should be burdened with so many essentially routine cases.

Of 7,800 cases reviewed in the State between October 1, 1971 and June 30, 1974, approximately 78% resulted in an order to continue care. Less than 2% were ordered returned to parents, and about 6% were ordered to be placed for adoption. In about 13% of the cases, the agency was ordered to begin actions for permanent neglect to free the child for adoption. The statute relating to permanent neglect is Section 611 of the Family Court Act. Department Regulation 440.9 deals with procedures for petitioning the Family Court for a determination of permanent neglect so that the legal rights of parents may be terminated and the child freed for adoption placement. A proceeding under Section 611 is the only way a child may be placed for adoption without parental consent other than a court determination of abandonment. Its intent was to make it possible to place children whose parents, while not technically deserting them, allowed foster care placement to continue without any effective plan to re-establish the home.

While it has been used successfully to free some children for adoption (275 in the last year reported), its use has been restricted by the stringent requirements of the act, which require the agency to demonstrate that it has attempted to strengthen the family relationships without success, and also require evidence that the failure of the parent to make a plan for the return of the child is willful, that is, that the parent is physically and financially able to make such a plan but has not done so. It has been reported to us by many districts that the Family Court is very reluctant to make such a ruling.

b. Section 385.a: "Dependent Children in Foster Care" became effective 9/1/73 and provides for a Family Court review of all incoming foster care cases placed voluntarily but otherwise eligible for ADC-FC. Eligibility for ADC-FC requires family eligibility for ADC and Court placement of the child. This law allows cases previously ineligible for ADC-FC because the children were not placed through an order of the Court to be considered eligible for federal participation in the cost of care.

The law appears to be increasing ADC-FC claims. Throughout 1973, ADC-FC claims were around $3,000,000 per month. This amount rose steadily after September, 1973 to a high of $11,818,368 in July, 1974. There is now an average of over 18,000 cases per month claimed as ADC-FC.

Aside from the fiscal impact, however, there are serious questions about this law. It appears to discriminate since families whose incomes are above the public assistance level are not required to go through a court review in order to voluntarily place their children in foster care. It is also questionable whether a family should be compelled to surrender the custody of a child to a social services official in order to obtain services for that child. The legality of the statute is being tested by the courts at this time.

A practical effect of this law has been a monumental increase in paper work and time in court for the social work staff of the placement agencies, and an equivalent increase in the work of the Family Court, with no apparent social benefit to the families involved in such proceedings.

c. Section 398.a (Standards of Payment): The 1973 session of the New York State Legislature passed this section of the law giving the New York State Department of Social Services greater control over the care provided children in foster care and the cost of such care. This legislation applies to approximately 50,000 children throughout the State who are cared for in foster family boarding homes and group child care facilities with only children in institutions under the New York State Division for Youth and the Department of Mental Hygiene excluded.

The first stage of the Standards of Payment project dealing with foster boarding home and interim group care standards has been completed. Maximum State aid rates have been set for all children being cared for in foster family boarding homes. These standards are to be updated annually and provide for all of the physical needs of children in foster boarding homes on the basis of a moderate standard of living. In addition, these standards allow higher rates to be paid for children with physical or emotional handicaps who are more difficult to care for. These family boarding home standards have been established with a view toward encouraging foster boarding home care rather than institutional care wherever possible.

The Department has now entered the second stage of the project which is concerned with the group care of foster children. All agencies providing group care for children with the exception of New York State Division for Youth and Department of Mental Hygiene facilities must submit budgets on an annual basis as well as program reports if they request any rate increase. These reports will be reviewed at both the local Social Service district level and at the State level. The State will set a maximum reimbursable rate for care of children in each facility and each local district will negotiate a rate for each facility in which it has placed children. The procedure has been established in such a way that each local district will retain autonomy in dealing with child caring agencies. At the same time, through the establishment of a maximum State aid rate, the New York State Department of Social Services will insure fiscal accountability.

The second stage of this project also involves the encouragement of quality programs for children in group care. Levels of care will be established for all children in facilities so that compensation can be provided in accordance with the needs of the children receiving care. In conjunction with this, administrative standards are being developed to further assure high quality services for each child in care. Thus, the second stage of this project is designed to insure both fiscal accountability and a quality program.

d. Section 398.6 (n) Intensive Family Services to Prevent Foster Care: This section authorizes local social services commissioners to provide or purchase intensive family services when it is determined that a child would enter foster care unless such services are provided and it is reasonable to believe that the provision of services would permit the child to remain in his own home. This statute requires the availability of federal funding, and therefore its implementation has been extremely limited. Only one district, New York City, has requested approval for purchase of this service, and only one program has been approved.

Chapter [illegible], Laws of 1973, authorized the Department to establish demonstration projects to determine whether intensive family services could prevent the placement of children. Projects were started in 1974 in New York City, Westchester County and Monroe County. A total of 549 cases involving more than 1,000 children were selected for inclusion in the project at the point when they were being considered for foster care placement (or were in placement already and a return home was believed possible if sufficient services were provided). Of these, 373 cases with 728 children were randomly selected to receive the intensive services; the others were assigned to a control group and were handled in the usual way by the agencies to which they were referred. Data were collected on all cases, and information on the services provided is collected monthly for the demonstration cases. At the close of the evaluation period, outcome data will be collected on all cases, and it will be possible to determine whether the provision of the special services resulted in a reduction of foster care. The Child Welfare League of America is conducting the evaluation, which is scheduled for completion by January, 1976. Early data, while not conclusive in a statistical sense, do indicate that children are being kept out of care and that family functioning is greatly improved by the provision of the services provided in these demonstration projects.

e. Department Regulation 450.10 was promulgated to protect the rights of foster parents. It provides that an agency must serve notice in writing upon a foster family 10 days prior to a proposed removal of a child from the foster home, except when the child's health and safety are in question. It also provides for an appeal of the decision of the agency to the Department if the foster family is not satisfied with the decision to remove the child.

2. Funding of Foster Care Services

For purposes of funding, children in foster care are divided into two categories. Those Court-placed cases related to the federal Aid to Dependent Children program (ADC-FC) receive 50% reimbursement of maintenance from federal funds, with the State and localities equally sharing the remainder. Cases not eligible for ADC-FC receive support from State and local funds on a 50-50 basis.

The cost of foster care is composed of two components, the maintenance costs for the child's support and the administrative costs which include the services provided to the child and his family. The administrative and services costs incurred by the social services districts for foster care are subject to limited federal aid. The result is that different formulas of reimbursement apply, depending upon the ADC-FC status of the child and whether he is placed in direct or indirect care. The total cost of foster care, as indicated in the chart on page six is currently some $271 million annually.

3. The Provision of Foster Care

All foster care funded through the Department of Social Services is provided either directly or indirectly by the 58 local social services districts.

At the end of September, 1974, there were 49,041 children in foster care. 30,068 were receiving care indirectly under the auspices of voluntary child caring agencies, with the remainder, 18,973, receiving care administered directly by the local districts.

The majority of children in care, 31,443, were receiving care in foster family boarding homes, 98 in free, work, or wage homes, and another 2,573 in adoptive homes. Group facilities of various kinds provided care for the balance: 8,753 were in institutions, 1,798 were in group homes, and 511 in agency-operated boarding homes. 3,865 children were home on trial, had absconded, or were elsewhere (such as temporarily in hospitals).

The foster care population is concentrated in New York City which has approximately 60% of the children who are in placement. The pattern of care varies between New York City and upstate, with New York City relying heavily upon the purchase of care from voluntary agencies. About 89% of the children in the City receive care from voluntary agencies, against only 21% for the upstate areas. New York City also has a higher percentage of children in institutions, about 29% of the total, while upstate the proportion is about 10%.

There are many indications that the foster care population is changing. The average age of children coming into care is older, partly because there are many fewer newborn babies entering care for the purpose of adoption. From 1971 to 1973 there was a 55% decrease in the discharges from care for adoption; this represents a change in the incoming population, in the same period there was a 60% decrease in the numbers of children in care under two years old. This was an "easy" population; children came into care at birth, were usually surrendered within a few weeks, were easy to place and so went into adoption very early. This population no longer exists.

There are indications that the children who are being referred now are presenting more serious problems to the placement agencies. There appear to be more seriously disturbed children, children who are acting out in destructive ways that make them very hard to handle in care, children with serious mental and physical handicaps. Some of this increase may be due to the deinstitutionalization policies of the Department of Mental Hygiene, which encourages placement within the community rather than in State schools and hospitals which formerly accepted many of this group of children with special needs. Therefore people are turning to Departments of Social Services to provide care for these children, who require significantly different types of services from those the child care system has customarily provided. This shift has created considerable pressure upon agencies to develop new programs to meet the changing needs, but progress in this direction has been limited, in part because of funding problems.

Whenever a child is accepted into foster care, the goal is to move him from care as quickly as possible. In most cases, return to the child's own family is the preferred plan; however, there are situations where this is not possible. In these cases, adoption is the preferred choice for the child.

4. Adoption Service

During 1974, approximately 2,300 children were placed in adoptive homes; 1,049 of the children were placed under the direct supervision of local departments and the balance were placed through voluntary agencies.

The payment of subsidies to adoptive parents has been permitted since 1968, and the use of this program has increased steadily. 501 subsidized adoptions were approved in 1973. Subsidized adoption is most commonly used to permit foster parents to legally adopt a child who has been in their home and who is, in every real sense, a part of their family, but for whom they cannot assume financial responsibility. Another major use of the subsidy is to permit adoption of children with medical problems requiring continuing care. The use of adoption subsidies is considered to be a very successful method of obtaining adoptive homes for children who would otherwise not be adopted.

The Statewide Adoption Exchange was established through legislation in 1971, and was designed to broaden the opportunities for placement for children who are not readily placeable within their own communities. It requires that if children are not placed within six months of being legally freed, they must be listed on the Exchange. Families who are approved for adoption but for whom a child cannot be found are also listed.

While over 2,000 children are listed on the Exchange, there has not been a great deal of success in arranging placements for them. Forty children were placed in 1974 as the result of Exchange referrals. While this is a small number, it should be noted that the children listed are not those who are in demand. They are older children, some are mentally or physically handicapped, over half are black.

It is recognized that if adoption is to be a solution to the needs of the foster care population, there must be changes in adoption practices. During 1974, the Department organized an Adoption Advisory Committee composed of professionals in public and private adoption agencies, as well as representatives from adoptive parents' groups. This committee has been working with Department staff in an effort to develop new policies and procedures that will stimulate adoption placements throughout the State. Approval has recently been received from the Division of the Budget to allocate $750,000 of federal child welfare services funds for demonstration projects which will test out new approaches to adoption.

5. Transfers in Foster Care

There are two basic types of transfers of children within the foster care system. One occurs when it is determined that a different kind of care is needed for the child, such as when he is moved from a foster family boarding home to an institution because of his need for intensive care and treatment. A child may also be transferred from a boarding situation to an adoptive home, or from residential care to a group home.

The other kind of transfer is between similar levels of care, that is, from one foster family boarding home to another. This kind of transfer is most commonly made because of some situation in the foster home (illness, the birth of a child, moving to another area) or because the child is not adjusting well in the current situation and a change is believed necessary by either the foster parent, the agency, or the child himself. A study was done by the Department on a sample of children transferred from foster family homes during a three-month period in 1972. This study indicated that foster parents agreed with the transfer in 89% of the cases.

It is inevitable that at times there will be disagreement between the placing agency and the foster parent as to the necessity of a transfer. The agency may see that the foster home is not adequately meeting the child's needs and may foresee serious problems if the placement continues. Foster parents may be attached to the child and wish to continue caring for him. In such instances, under Department Regulation 450.10, which requires that a foster parent be given 10 days' notice prior to removal of a child, the foster parent has a right to a conference with the responsible social services official.

If a satisfactory resolution cannot be obtained through such a conference, the foster parent has the option of appealing to the State Department of Social Services for a fair hearing. This mechanism offers protection to the child and the foster parent in those rare instances where an agency may be arbitrarily removing a child from a foster home unjustifiably.

However it is essential that the social services official have the authority to remove a child from his foster home when it is in the child's best interests to do so. Foster parents understandably become emotionally involved with their foster children and are not always able to be objective about the long term needs of the child. For example, there have been situations in which foster parents objected to a child's removal to an adoptive home although they themselves did not wish to take the responsibility of adoption. The agency has the responsibility to evaluate the total circumstances surrounding the child's present and future situation and attempt to develop a plan which answers his need for the maximum security possible. While foster parents are indispensible members of the treatment team, the agency's role is to serve the needs of the child, not to satisfy the demands of foster parents.

B. Day Care

1. Statutory Authority

Title IV-A of the Social Security Act (beginning October 1, 1975, Title XX) provides federal reimbursement for day care services provided to children eligible under the State's Title IV-A plan. The day care facilities must meet child care standards established by the Federal Interagency Day Care Requirements.

Section 410 of the New York State Social Services Law authorizes local social services officials to provide day care services for children when such care is in the best interests of the child and family. Local social services districts receive State and federal reimbursement for provision of day care services, when they meet requirements established by the Department.

Section 390 of the State Social Services Law provides for the licensing of day care centers by the Department, except for day care centers in New York City which are licensed by the City Health Department. Under this section, the Department has established child care standards for licensing which conform to the Federal Interagency Day Care Requirements. The New York City Health Department has established similar licensing standards for centers in New York City.

Social and Rehabilitation Services of the United States Department of Health, Education and Welfare establish regulations which must be met in order to receive federal reimbursement for day care services provided under Title IV-A. Under these regulations, the Department developed a plan under which New York State would provide day care services and claim federal reimbursement for these services. This plan was reviewed and approved by the SRS. The State is monitored for compliance with this plan by SRS. Any changes in the plan require that agency's approval.

In accordance with the criteria established in its State plan and through the authority granted by State legislation, the Department established regulations under which local social services districts and the State Department of Agriculture and Markets (day care for children of migrant workers) can receive state and federal reimbursement for day care services which they provide. Local social service districts determine eligibility for day care services, in accordance with the Department's day care regulations and claim federal and State reimbursement for eligible children.

2. Funding Day Care Services

It is projected that the program funding for State Fiscal Year 1974-75 is as follows:

a. Title IV-A Services Ceiling

In 1974-75, 30,359 children were provided day care services by local social services districts through Title IV-A funding at a cost of $85,353,252. Of this amount, $64,014,939 represented federal money, with the remainder shared equally by the State and the local districts.

In addition, 1,400 children of agricultural migrants were provided care at a cost of $356,068. Of this amount, $267,051 represented federal money and the remainder was provided by the State.

b. Title IV-C WIN

In 1974-75, 1,931 children were provided day care at a cost of $3,061,632, $2,755,468 of which was federally reimbursed, with the remainder divided equally between the State and local districts.

c. Title IV Income Maintenance

In State Fiscal Year 1974-75, 8,797 children of employed public assistance recipients were provided day care services funded through the ADC grant as an exemption of earned income at a total cost of $13,820,376. Of this amount, $6,910,188 represented federal money, with the remainder provided equally by the districts and the State.

d. State and Local Social Services Money

In Fiscal Year 1974-75, 14,678 children were provided day care through state and local funds at a cost of $35,077,368, divided equally between the State and local districts.

e. Local Money Only

In 1974-75, New York City provided day care services to 2,434 children in interim funded centers at a cost of $9,588,618 in local money. There was no State reimbursement as they were not licensed facilities.

Methods of Providing Day Care Services

Under federal regulations day care services may be provided outside the child's own home in day care centers, family day care homes, group day care homes, or within the child's home by a person coming into his home to provide care.

New York State provides care outside the child's own home in day care centers, facilities which provide care for seven or more children, and in family day care homes, facilities which provide care for up to six children. In order to obtain federal reimbursement for care in these two types of facilities, they must meet federal and State standards and be licensed.

3. The Provision of Day Care

Day care is a service provided parents or caretaker relatives when they are unable to provide care and supervision for their children for a substantial part of the day for reasons of employment or training for employment as well as in situations where parents or caretaker relatives are unable to provide care due to illness, incapacity, or other reasons. Day care is also provided as a preventive or protective child welfare service for the purpose of preventing foster care or improving family functioning.

Day care is provided in licensed family day care homes and day care centers through purchase of services by local social service officials. In addition to the day care purchased by social service districts, the Department, through a contract with the Department of Agriculture and Markets provides day care services for children of agricultural migrants.

Clients serviced include low-income families eligible under Department standards, recipients of financial assistance, medical assistance, and Supplemental Security Income. It is estimated that 35,599 children presently funded for day care services are from low income, non-public-assistance families. The remaining 23,840 children are recipients of financial assistance, medical assistance, or SSI recipients.

Each social services district within the State provides some form of day care service. However, the largest concentration of families served are in New York City. The New York City day care caseload comprises more than 80% of the State's day care caseload.

The State has never adopted the category of group day care homes, facilities which provide care within a family setting for between 7 and 12 children. Draft regulations for licensing this type of facility have been developed and the Department plans to test the feasibility and cost of providing care in group day care homes on a demonstration basis in the near future.

In-home child care is a service provided to public assistance recipients who are employed or in training. This care must meet standards established by the Department.

Day care services may be provided directly by the social service district or through a purchase of service. Day care center services are for the most part purchased from non-profit or proprietary day care centers. Nassau County is the only district that has provided day care center services in facilities directly operated by the county. However, the cost of county operated centers has proved so costly that these centers have been phased out, and Nassau County now purchases all of its day care center services.

Family day care home services are for the most part provided by the district in family homes licensed by the district. Only in New York City have family day care services been purchased from authorized child caring agencies.

While the cost of family day care is generally less than that provided in day care centers, the centers have been much more extensively utilized. Presently, of the 59,599 children receiving day care in New York State, 42,599 receive care in day care centers and 17,000 in family day care homes.

There are several reasons for the greater utilization of day care centers. Parents have generally preferred day care center care as they believed family day care could not offer the same range of activities as day care centers, such as educational activities and the opportunities for socialization. Day care centers were developed several years ago as an outgrowth of the national development of Headstart programs. Until 1972 open-ended Title IV-A monies provided funding for establishing centers, and many community groups, especially in New York City, pressed for the creation of day care centers. As a result, a great number of day care centers were established in the larger social services districts, especially New York City. Since 1972, IV-A funding has been subject to a ceiling and the rate of center development has slowed.

Recently family day care is being increasingly seen as a service which could provide an educational experience, as well as care, for the school-age child. However, developing family day care requires additional staffing at the local level, and most local districts are not in a position to add staff for this purpose. This precludes any massive shift from center care to family care in the foreseeable future.

C. Protective Services

Section 426 of the Social Services Law mandates annual submission to the Legislature of a report on the operations of the State Central Register of Child Abuse and Maltreatment and the various local child protective services. The 1974 Annual Report on Provision of Child Protective Services has been submitted. What follows highlights the more complete report.

1. Statutory Authority

Article Six, Title Six of the Social Services Law mandates the establishment of a statewide central register of child abuse and maltreatment and the establishment of a single organizational unit for protective services in the local social services districts. It details the responsibility of State and local departments and also lists those who must report suspected child abuse and maltreatment.

2. Funding for Protective Services is 75% Federally Reimbursable

For fiscal year 1973-74, some $25,000,000 were spent on protective services, about $18 million of this in federal funds and the rest divided equally between the State and the local districts.

3. New York State Child Abuse and Maltreatment Register

1974 was the first full year of operation for the State Central Register. The Register, which operates on a 24-hour a day basis to receive reports of suspected child abuse or maltreatment over its toll-free telephone number (800-342-3720), had a very busy year. A total of 29,912 reports of suspected child abuse or maltreatment involving 59,642 children were received in 1974, as compared with 10,727 reports [illegible] 19,246 children in 1973. Increased reporting was evident in every district in New York State.

The State Central Register also continued to operate an inquiry system by which certain authorized persons and agencies may obtain information concerning previous incidents of child abuse or neglect. The activity of local child protective service units is monitored by the State Central Register at regular intervals to assure timely investigations and necessary follow-up services for the protection of children and rehabilitation of families.

Child Protective Services Programs

Each of the 58 local departments of social services submitted comprehensive plans for the provision of child protective services in their districts. These plans detailed the organization, staffing, finances and available programs in the area of child protective services. While in some plans, certain revisions were required, all plans were finally approved by the Department.

As a result of recent Federal legislation (P.L. 93-247 Child Abuse and Neglect Treatment Act of 1974), the Department was established as the single State agency to apply for funds in the form of grants to eligible States for the development and expansion of programs for child abuse and neglect.

D. Homemaker Services

1. Definition

Homemaker services for families with children means care of caretaker relatives and/or children in their own homes because of illness, incapacity or absence of caretaker relatives and/or help to individual caretaker relatives to achieve adequate household and family management. The service provided to persons within their own homes may include the following: household tasks such as marketing, preparation of meals, cleaning, light laundry, ironing and mending; personal services such as assistance with bathing and other personal care of children or the caretaker relative; supervision of children during hours the responsible caretaker relative is away from home; teaching the caretaker relative to care for the family. Such services may be required for a part of a day or for 24 hours a day. Homemaker service thus provides care when a child is in need of protective service or to prevent foster care placement.

In order to perform these functions, it is necessary that the homemaker be trained and supervised. In addition, this service requires adequate supportive social services to appraise the need for this service, continuing evaluation of the effectiveness of the service and recommendations for changes. A service worker should also be available to help each homemaker understand and assume his or her role with the family.

When homemaker services are provided to meet the health need of a patient, as documented by a physician's prescription, such services are provided as personal care services under medical assistance. When the homemaker service involves care of children due to the absence of a caretaker relative, protective care of children due to suspected abuse or neglect or teaching services to help improve home and family management, such services are provided under services funding.

2. Statutory Basis

The legal basis for homemaker services is found in the Social Security Amendments of 1962. At that time, monies were made available for development of homemaker programs with 100% Federal funding for a limited period of time. This money was used for the development of many programs in New York State.

The Federal Regulations containing reference to this service are as follows: Sections 220.18, 220.22, 220.51, 220.55, and 220.61.

The basis for the program in New York State is found in the Official Compilation of Codes, Rules and Regulations, Book 18, Part 387.

3. Status of Provision of Homemaker Services

a. Providers of Service

In 1974, 23 districts provided a comprehensive homemaker program which served all identified functions. Twenty districts provided service for only certain specific functions. Three districts provide the service only for individuals or families without children and ten districts offered no homemaker services to either adults or children. Local social services districts can provide homemaker services either directly by use of homemakers on agency staff, through a purchase of services arrangement with a voluntary agency, or through a combination of direct and purchased service.

The increasing use of purchased service necessitates development of standards of performance for the service. These standards are currently being developed.

b. Expenditures - Homemaker Services

Information from the Random Moment Study for federal fiscal year 1974 shows that approximately six percent of all service observations were related to homemaker service for families with children.

Expenditures for Federal Fiscal Year 1974 are as follows:

	ADC*	CW-FMP*
Purchased - NYS Homemaker	$ 5,401,338	$ 686,020
Direct - NYS Homemaker	$ 8,566,477	$ 400,207
TOTAL - NYS	$13,967,815	$1,086,227
Purchased - NYC Homemaker	$ 193,812	$ 686,020
Direct - NYC Homemaker	$ 3,476,410	$ 199,942
TOTAL - NYC	$ 3,670,222**	$ 885,962
Purchased - Upstate Homemaker	$ 5,207,526	$ 0
Direct - Upstate Homemaker	$ 5,090,067	$ 200,265
TOTAL - UPSTATE	$10,297,593	$ 200,265

* Aid to Dependent Children - 50% Federally funded, 25% State, 25% local. Child Welfare - Federal non-participating, 50% State, 50% local.

** Much of New York City's Homemaker Service for Families with Children has been claimed as Emergency Assistance for Families which is funded under the ADC program.

c. Program Audits

The Department of Social Services began audits of homemaker programs in local social services districts in 1974. To date, 13 audits have been completed, including audits from New York City and several of the large urban districts.

It is anticipated that the balance of the audits will be completed in 1975 and follow-up activities implemented in local districts in order to correct noted program deficiencies.

4. Program Concerns

In recent years, the cost of homemaker services has increased at a rapid rate. Rates in New York City for purchased services are as high as $7.90 an hour. In upstate localities the rates for purchased services are averaging between $3.50 and $4.50 with a 24 hour rate of $40.00 to $50.00. The cost increases are also noted in local social services districts where services are provided directly. For example, when the total cost of the service, including labor cost, fringe benefits, training and supervision, was calculated, the Onondaga County Department of Social Services found its cost to be approximately $6.50 per hour.

With severe fiscal restrictions placed on the local agencies, it has become increasingly difficult for them to provide 24-hour care. In addition, homemaker staff in some local districts are covered under union contracts which either directly prohibit use of agency staff for 24-hour duty or result in extremely high costs due to providing the necessary time-and-a-half or compensatory time. This has resulted in several changes in the delivery of homemaker services. In some cases, local districts are now refusing to provide any 24-hour homemaker service. Despite implications for the family, children have, in some instances, been placed in either foster care or left in the care of any neighbor or friend willing to take them. In other instances, local districts have had to turn exclusively to voluntary agencies or to proprietary agencies to obtain 24-hour services.

As a result of these factors, local districts have turned to greater use of homemakers in teaching situations where they assist the caretaker relative in learning how to better manage their home and family life. Since homemaker services started originally with emphasis on 24-hour care, less emphasis has been given in the past to the role of the teaching homemaker. The development of standards by this Department for homemaker services and for home management and other functional educational services will better define the role of this teaching homemaker.

Important to the provision of homemaker service is a trained homemaker. During the forthcoming year, a major emphasis will be placed on reviewing the training provided to agency homemakers and assisting local districts in meeting identified deficiencies in the training of the homemakers and in the service provided.

E. New York State Appalachian Child Development Project

1. Statutory Basis

The Appalachian Regional Development Act of 1965 created the Appalachian Regional Commission "to provide public works and economic development programs and the planning and coordination needed to assist in development of the Appalachian Region."

While the initial thrust of the Appalachian Act was in the area of economic development and hardware, the second phase of concern began to address the area of human resource development. In 1969, therefore, the Commission added to its Code a section that dealt with child development. The purpose is to "establish within each state the capacity to plan and implement a comprehensive child development program and to conduct child development projects which can serve as model demonstrations for the region and the Nation, using the most effective and efficient combination of personnel, facilities, and financial resources."

In New York State, the Child Development Project is responsible for the development and continual refinement of a State comprehensive Child Development Plan, and the development, implementation and evaluation of specific service projects in the 14-county Appalachian region (Allegany, Broome, Cattaraugus, Chautauqua, Chemung, Chenango, Cortland, Delaware, Otsego, Schoharie, Schuyler, Steuben, Tioga, Tompkins). Currently, the project sponsors 37 child development projects in the state Appalachian Region.

2. Funding

Beginning in 1970, the child development program has been funded on the same basis as the rest of the Appalachian program, namely, one year renewable grants for the life of the Commission. Monies flowing into a given state, however, can only support one project for a maximum period of five years. Localities are required to provide for a minimum of 25 percent of the total operating cost of Appalachian Child Development projects during the third, fourth and fifth budget years.

New York State is committed to this project in a number of ways:

a. The Child Development Project is an integral part of New York State's total Plan for the Appalachian Region of the State as committed through the Governor's Representative to the Appalachian Regional Commission.

b. As grantee of federal funds, New York State is committed to continue implementation of the total program and specific demonstration service projects through the established state level monitoring and evaluation structure and to carry on an analysis of the effectiveness of the program, and the services and systems created. So long as money flows, the state administrative effort is essential to the commitment made to the Appalachian Regional Commission for the expenditure of its funds in keeping with New York's participation as a part of the Region; the administrative effort is also essential to the commitment made to the people of New York's fourteen Appalachian counties in the creation and delivery of children's services.

c. New York State is committed to utilizing the funds as seed money for the development of on-going services by uniting local, state, and federal resources.

d. The State has an implied commitment to assist service deliverers to meet the minimum 25 percent non-federal share in the third, fourth and fifth budget years and in the continuation of the program after the fifth year, when Appalachian Regional Commission funds are no longer available to a specific project.

3. Services Provided

The following statistical information shows various aspects of the Appalachian Child Development Project in New York State during a 12-month period ending August 31, 1974.

Population Served

a.	Total Children	17,503
b.	Total Children 0-36 months	5,360
c.	Total Children 36-72 months	12,117
d.	Total Handicapped Children	447
e.	Total Families	10,821

Units of Service

a.	Day Care	6,195
b.	Dental Services	1,223
c.	Developmental & Psychological Screening	5,459
d.	Family Counseling	2,938
e.	Family Planning	59
f.	Immunizations	2,306
g.	Infant Stimulation	347
h.	Medical Screening	2,471
i.	Medical Treatment	702
j.	Nutrition Services	982
k.	Parent Education	8,179
l.	Special Education for Handicapped	6,215
m.	Speech and Hearing Services	6,414
n.	Training (practitioners)	1,248
o.	Transportation	1,925
p.	Visual Services	4,096

Staffing Pattern

Positions	Full-Time	Part-Time	Unfilled
Professional Staff	117	59	14
Paraprofessional Staff	46	48	2
Clerical Staff	23	31	1
Support Service Staff	10	38	0

Number of Hours of Voluntary Services Given to Projects

Professional Services	4,255
Paraprofessional Services	6,499
Support Services (e.g. transportation, maintenance)	785

Day Care Data

a. Current Average Daily Attendance	286
b. Number of working mothers with enrolled children	255
c. Number of enrolled children with working mothers	287
d. Number of enrolled children from single parent families	90

F. Child Health Assurance Program (CHAP)

1. Background

In 1967, Congress amended the Social Security Act to provide health services to children eligible for Medical Assistance. This amendment, which was mandated as a Medicaid service, provided for a program of Early and Periodic Screening, Diagnosis and Treatment (EPSDT). EPSDT called for screening examinations, performed routinely, to pick up any undetected health problems. Diagnosis and treatment would be provided for any problem uncovered during the screening examinations. Federal regulations on EPSDT were not issued until late 1971, after Congress had added a penalty on ADC funds for any state that failed to implement the EPSDT program by July 1, 1974.

Early in 1972, New York State implemented EPSDT. Administrative letters, establishing procedures for the program, were released by the Department of Social Services, and local districts were charged with the responsibility for implementing the program.

It has been estimated that 1.2 million children in New York are eligible for the program. This includes all children from birth to age 21 (the ages covered in the federal mandate) receiving Public Assistance, Supplemental Security Income, or Medical Assistance only. Approximately 750,000 children, or 65% of the eligible group, live in New York City. Of the 450,000 who live upstate, 250,000 live in the larger counties of Monroe, Erie, Suffolk, Nassau, Westchester and Onondaga. Thirty-five districts have a target population of less than 4,000 children.

In January 1974, the Division of Medical Assistance began assessing the impact of EPSDT. The Audit and Quality Control staff did a managerial audit in 20 upstate districts to collect information on how the program was being implemented, and asked for recommendations on program changes from the local districts. Program staff visited several districts that had successfully implemented the program. Providers were contacted for their input into the program. The results indicated that EPSDT was not a successful program:

-- Less than 20% of the eligible population had received a screening examination.

-- Of those that were screened, very few received diagnosis and treatment for any abnormalities uncovered during the examination.

-- Almost no children received more than one screening examination at appropriate age intervals.

-- Client acceptance of the program was low.

-- Few abnormalities were identified, indicating probably that New York's Medicaid children were not healthier, but that those children involved in the program were already receiving good health care, and were not the ones that needed the program.

-- Providers did not support the program; in fact, fewer participated in EPSDT than in the general Medicaid program.

-- Local districts assigned the program a low priority, with staffing in many districts consisting entirely of clerical personnel.

-- Insufficient direction from the state was available to assist districts in implementing the program.

Because of these problems, it was felt that EPSDT was not improving the health of the target population, but instead was a "numbers counting" game to meet the Federal requirements. Some charged that New York did not need an EPSDT program, because of the comprehensive Medicaid benefits available. However, information on immunization levels and Medicaid claims data indicate that some Medicaid children are receiving little or no care. In addition, the state expenditures on Medicaid children - $308 per child as opposed to the national average among all children of $167 - indicate that expensive rather than better care is being provided to this population.

2. Child Health Assurance Program - Goals and Policies

In the spring of 1974, the Division of Medical Assistance began restructuring the program. Several groups were asked to assist the Division in this work. The State Department of Health worked in conjunction with the Division of Medical Assistance throughout the process. A State level task force, involving representatives of the Departments of Health, Mental Hygiene and Education and the Division of the Budget, also provided input. The Local Commissioner's Advisory Committee on Medical Assistance and the Governor's Medical Advisory Committee reviewed the planning at each of their meetings. The most significant input came from an Ad Hoc Group from the State Chapter of the American Academy of Pediatrics. This group advised the State on the goals for the program, the standards of care and the policies for the program.

It was agreed that the goal of the program should be to improve the health care of Medicaid children through preventive services as well as providing any necessary diagnosis and treatment indicated. Through such care, health problems that can lead to disability can be treated while they are relatively minor, thereby eliminating extensive and costly medical treatment.

Because of the comprehensive Medicaid benefits that New York has had since 1966, it was recognized that many children are already receiving high quality pediatric care and do not need additional preventive services. It was determined that such children should be identified, their care verified, and that Medicaid should remain their current source of care. Also, it was felt important that children be encouraged to establish an on-going relationship with one provider. This provider should be able to deliver preventive services, through comprehensive examinations, and should also provide episodic care for illnesses and injuries. For this reason, the use of existing pediatric resources is encouraged. In these two important ways, the program seeks to involve children in the mainstream of medical care, and thus provide on-going supervision of healthy growth and development. In taking this direction, New York has moved away from the trend of other states in the EPSDT program.

Because of these objectives, the program was renamed the Child Health Assurance Program (CHAP). State policies for the program were developed, and include:

-- Written notification through pamphlets and letters to all families of the availability of the program.

-- Face to face health education contacts with families to discuss implementation of the services of the program, and to explain its importance.

-- Assistance to families in arranging appointments, and transportation if needed.

-- Recruitment of sufficient providers to insure that services will be available to any child who requests them.

-- Periodic examinations to assess the general health status at periodic intervals as the child grows; fourteen examinations between birth and age 21 are recommended.

-- Revised standards for pediatric and adolescent care to indicate the frequency and content of periodic examinations.

-- Follow up diagnosis and treatment for any conditions uncovered during the periodic examinations.

-- Criteria for assessing when a child is already receiving appropriate medical care, and does not need special services from the CHAP program.

These policies were described in Bulletin 190, a manual that also included suggestions on procedures to be used in implementing the program. However, because of the diversification among districts in New York, it was determined that each district could best decide in what form the State policies should be implemented. A local plan to describe the program is required. Local plans describe the effective utilization of existing community resources including local health staff, community groups, medical providers, Appalachian Child Development Program and other federal program grantees. Local plans must be reviewed and approved jointly by the local social services Commissioner and local health officials.

The Division of Medical Assistance has estimated the costs of the program at $10-$14 million for periodic examinations. Additional amounts will be incurred for diagnosis and treatment, but because such services are not separated from other Medicaid claims, they cannot be verified. However, the additional expenditures for CHAP are expected to be more than offset by reduced expenditures for emergency room and hospital services for this population.

3. Forces for Implementation

The timetable for restructuring and implementing CHAP was hastened considerably by two events that occurred during August, 1974. First, HEW issued program regulations for the penalty. Although released on August 2, 1974, they became effective on July 1 of that year. At national conferences, HEW announced its intent to use the penalty to insure that the program is implemented. The penalty would withhold one percent of federal ADC funds of any state that failed to implement the regulations. It is estimated that this would amount to approximately $8.7 million per year for New York State. The penalty will be assessed on a quarterly basis, after site visits by HEW to six districts. If any one of these districts is found out of compliance with the federal regulations, the entire state is to be considered out of compliance.

A State statute provides that any penalty assessed against the State must be passed on to any local district that is out of compliance with the federal regulations. This means that all districts out of compliance, whether or not they were visited by HEW, must share the penalty. The penalty is to be shared proportionally by the number of cases in that district to the total number of eligible children in all districts out of compliance. Thus, if New York City is out of compliance, it will bear the entire penalty, regardless of the size of that district.

Site visits for two quarters, both before CHAP was implemented in the local districts, have been made by HEW. In October, 1974 HEW staff visited Westchester, Rockland, Suffolk, Columbia and Rensselaer Counties and New York City for compliance in July to September, 1974. Westchester County and New York City were found out of compliance with the penalty requirements. In January, 1975 Monroe, Erie, Wyoming, Livingston, Niagara, and Orange Counties were visited for compliance in October to December, 1974. Erie and Niagara Counties were also found out of compliance. Westchester County and New York City were revisited, and found to be still out of compliance. Therefore, New York State is presently considered by HEW to be "penalty liable." However, New York has not been officially notified of the results of these site visits, and it has not, therefore, been officially notified as to whether the penalty will be assessed for these quarters.

HEW has stated that CHAP, as described in Bulletin 190, will meet federal regulations. It has also indicated that CHAP is an excellent program, and that it supports the State's endeavors. In the November, 1974 issue of SRS Record, James Dwight, Commissioner of Social and Rehabilitation Service, stated that New York State is "spearheading a vigorous revision of New York's EPSDT program" and noted CHAP's "innovative approaches." The position of the State Department of Social Services is that it will take time to implement a program of CHAP's dimensions, and that any state must be given time to implement the penalty regulations released in August, 1974. For this reason, a letter was sent on January 8, 1975, to Secretary Weinberger from then Social Services Commissioner Lavine emphasizing that the effects of a penalty imposed at this time could be counterproductive to New York's efforts to implement the program.

It should be noted that apart from the penalty and the regulations associated with it, there are other federal regulations on the EPSDT program with which the State must comply. If it does not do so, the State is considered out of compliance with its State plan for implementing the Medicaid program. Because of problems in New York City (see below), New York State has also been called out of compliance with these broader regulations.

The second force working to hasten implementation of the program is a class action lawsuit against the State Departments of Health and Social Services and New York City Department of Social Services. Brought by a group of Medicaid recipients in New York City, the suit charges the State with failure to implement an effective program, primarily in New York City. Among damages to be awarded, the plaintiffs request that all eligible children in New York State be screened within 150 days of the judge's decision. In August, 1974 a hearing was held in New York City to determine whether the judge should find in favor of the plaintiffs. At that hearing, the State outlined its plan to implement CHAP, and requested that it be allowed to follow its proposed schedule. The judge agreed, and no further action has been taken by the court at this date. HEW has submitted an Amicus Curiae brief in which it stated that New York should be required to implement its plan for CHAP as described in Bulletin 190. Since that time, the federal judge trying the case called a meeting of the counsels representing the involved parties in order to review the present status of the case. As a result of this meeting, the Office of the Attorney General requested that the Medical Assistance Division of the State Social Services Department to submit information regarding local agency efforts to implement the program.

PROBLEMS WHICH CREATE THE NEED FOR SERVICES

The problems which lead to the need for child welfare services, and ultimately to foster care can be stated in either the most simple or the most complex terms. In the case of day care, for example, the need is primarily simply a need for safe care for a child during hours when his parents are employed. A family may seek day care through a public agency because their income is too low to permit private purchase of reliable care, or because of the work requirements related to the receipt of income maintenance. In these cases, there may be no need for any additional service. In some cases, however, it may be seen as essential to remove the child from the mother's care during part of the day in order to give him certain enriching experiences to compensate for limited parental stimulation, or to relieve a mother of some of her responsibilities to avoid physical or mental breakdown. In these cases, day care should be a part of an entire service plan which brings other resources to bear upon the multiple problems of the family.

For most other services, the one reason for the need for some intervention on the part of society is a breakdown in the family which interferes with parental functioning. However, when the reasons for that family breakdown are examined, they include every possible human and social problem. When one tries to identify the root causes, a circular and non-conclusive pattern emerges. For example, the emotional instability of the mother is frequently cited as a reason for placing children in care. But what causes this emotional instability? It is known that a high percentage of children placed in care are from one-parent families. Did the mother's emotional instability result from being deserted and left to cope with children on an inadequate income? Or did her mental condition cause the desertion? Is the family poor because the father is uneducated and ill-equipped for employment? Or was he denied a chance for adequate education and training because he lived in a ghetto with poor schools?

Preliminary information from the preventive services demonstration project give some data on the problems faced by families referred to the project. These families were selected because foster care was indicated for their children, but attempts were to be made to prevent the placements. An analysis of these families can give some indication of why children may enter foster care.

The most striking characteristic about these families is that the great majority of them experience the double jeopardy of environmental hardships and limited personal or social resources to cope with them. An alcoholic or depressed mother who has an employed husband does not often need to place her children in spite of her vulnerability. An ADC mother or a marginally employed mother who copes well with her situation does not often need to place her children in spite of her precarious economic circumstances. But facing the two types of problems, environmental and personal, at the same time makes it difficult for parents to provide for themselves and their children, and the result frequently is a request or recommendation for placement. Some of the indications of social, personal, and environmental vulnerability will be obvious in the following brief description of these families.

The majority of these families are single-parent families. In 65% of the families the natural mother is the only parent in the household. Both natural parents are present in 22% of the households, and in an additional 10% of the households, one natural parent (usually the mother) and a stepparent are present. In 3% of the households neither natural parent is present. Taken altogether, the natural mother is present in 95% of the households.

The average household in the sample has 4.7 persons, 2.8 of whom are children under the age of 18 belonging to the parents in this sample. The 250 families included 440 "children of concern," that is, children who are either in placement or expected to enter or re-enter placement, or an average of 1.8 per family. There is then, on the average, about 1 child per family who was not thought to be involved in the need for placement.

For all but 13 of the 440 children of concern, demonstration service was expected to avert or shorten placement. For those 13 children it was not thought that the demonstration service would be likely to reduce their time in placement.

The median age of the mothers is 28, but there is a fairly wide scatter, with 20% under 21 years of age and 15% over 40. Nearly half of the children of concern (46%) are under 6 years of age. Another 35% are between 6 and 12 years, and 19% are 12 or older. Fifty-seven percent of the children are boys, and 43% are girls. Forty-seven percent of the children are black, 26% white, and 25% Puerto Rican. With regard to religion, 51% are Catholic, 40% are Protestant, and 5% are Jewish.

The emotional stability of the mothers is a frequent and often serious problem. Four out of five mothers in this sample were thought by the workers to have problems in their emotional functioning, with depression being far and away the most frequently cited manifestation.

The mothers are not well equipped educationally to cope with their life situations with 70% of them having less than a high school education. They are not well supported by a network of relatives -- only one-fourth of the families were known to have relatives available and helpful to them. Thus the families cope with fairly extensive economic disadvantages in marginal or inadequate housing and on incomes that are similarly inadequate. Sixty-two percent of the families receive some form of public assistance, usually ADC.

In what proportion of the cases was the functioning of various members of the family a factor in the need for placement? As might well be expected in view of the large number of families in which the mother is the only parent present, the mother's functioning was a factor in the need for placement in an overwhelming majority (85%) of the cases, while the father's functioning was a factor in 25% of the cases, and the children's functioning in 47%. Functioning of family members was not a factor in 6% of the cases.

What did the workers consider to be the most important problems creating the need for placement? In 35% of the cases in this sample, the emotional problems, mental illness or antisocial behavior of a parent (nearly always the mother), was cited as the most important problem. This was by far the most frequently mentioned problem area. The emotional and physical neglect or abuse of a child was the primary reason for the need for placement in an additional 16% of the families. The child's own emotional or behavioral problem was cited as most important by workers in only 10% of the cases. Financial need or inadequate housing accounted for the need for placement in another 9%. A wide range of problems accounted for the remaining cases.

While information has long been collected indicating the category to which a child admitted to foster care is assigned (neglected and dependent, delinquent, born out of wedlock, etc.) these classifications in no way reflect the actual reasons for placement. The New York City Child Welfare Information System has attempted a much more comprehensive analysis of the reasons children enter care. Those data support the theory that there are usually multiple reasons for admission. Two commonly cited reasons for placement were the behavior of the child, either at home, at school, or in the community, and the parent's inability to cope with that behavior. However, other problems infringe upon these classifications. A child may be a behavior problem because he is ill or mentally disturbed, or he may be a behavior problem because his parents are incapable of providing proper care and guidance. Similarly, the parent may be unable to cope because of his own illness, instability, economic stress, or addiction.

The crucial issue is not what the precise problem within the family situation may be, but how severe it becomes before there is some corrective action taken. In the case of the young, depressed mother attempting to raise her children alone, some practical help with child care and some supportive counseling may be enough to help her function on an adequate level if they are given when her symptoms first appear. If she receives no help at this early period, the situation may deteriorate to the point that protective services are required. In extreme cases, placement may be the only solution.

It should be possible for society to provide services along a continuum of intensity, from brief, supportive casework to the most intensive treatment for parent and/or child. Just as hospitalization should never be used if a patient can be treated on an out-patient basis, placement should never be used if treatment within the child's home is possible. To wait until placement is indicated before taking any action is equivalent to refusing a patient medical care until he must enter a hospital for surgery.

TARGET GROUPS NOT RECEIVING ADEQUATE SERVICES

While there is a general shortage of all kinds of social services on a statewide basis, certain groups can be identified as highly vulnerable and less likely to have their needs met. Some of them are:

1. Children who require foster care but who have special characteristics or needs that make it difficult to provide adequate care. Examples are children with multiple handicaps, adolescents who present severe behavior problems which make them hard to manage, children with severe emotional disturbances or who are retarded.

2. Minors between 16 and 21. While these children may be continued in foster care if they have been accepted before age 16, it is difficult to arrange satisfactory plans for them if they have not previously been in care or if continued foster care is not an appropriate plan.

3. Pregnant, unmarried girls under 21. These girls often have difficulty accepting the conditions that are placed upon them if they are to receive financial help, such as that they must cooperate in establishing paternity unless they state they plan to surrender the baby, or that their parents must contribute financially to their care, or that they must enter a foster care facility if their expenses are to be paid. At some agencies an unwed mother might have to deal with a medicaid unit, a public assistance unit, a child welfare unit, and perhaps a foster care and adoption unit if her needs are to be met. She is forced to tell her story many times to different workers and may receive conflicting advice. Because these girls may be turned away, or reject the insensitive treatment they receive, they often make inappropriate plans for themselves and their children.

4. Children in ADC families. Families living below the poverty level are especially vulnerable to the other stresses which lead to foster care placement.

5. "Children at risk" who are identified as children who, while not determined to be neglected, delinquent, or in any other category which may bring them to a placement agency, are in clear danger of becoming so if there is no intervention. Included in this group are those children referred to protective services and whose cases are determined to be "unfounded," which includes some 40% of the total cases referred. Protective services workers estimate that at least half of this "unfounded" group, while not presenting evidence of neglect or abuse, indicate problems in family relationships which seem likely to lead to future difficulty if no help is received.

6. Children who have been identified as abused or neglected. While there has been much improvement in our ability to identify such children, in many districts there is not a sufficient range of services to deal with the problems in the preferred way. Most districts are able to provide some counseling, physical, and mental health services, but the availability of more sophisticated services such as Parents Anonymous, parent aides, lay therapists, and crisis nurseries is limited to only a few districts. Even some very common services such as homemaker-housekeeper services and day care (for protective reasons) are not available in all districts, yet they are widely known to be very effective in preventing the unnecessary placement of children.

7. Children who are in need of permanent homes through adoption, but who because of some handicap are not readily placeable in adoptive homes, or who cannot be legally freed for adoption because of legal technicalities or the absence of adequate legal services.

While changes in legislation and funding mechanisms are required if adequate services are to be provided for all these target groups, certain actions are currently being taken in relation to many of these needs:

1. The standards of payment regulations which apply to foster family boarding homes establish "special" and "exceptional" levels of care so that a higher level of state aid can be provided for children with mental or physical handicaps. This is expected to encourage the development of foster family boarding homes for some children who might otherwise be institutionalized.

   During the next year, similar levels of care will be established for children in institutions and other group facilities. Hopefully, this will provide funding incentives so that agencies will be encouraged to develop programs for children who are not being served.

2. A number of seriously disturbed or retarded children have been identified within the New York City shelter care system. These children have been inappropriately placed in shelter care because other placements were not available, and generally have not been able to receive adequate services within the shelters.

   The city is taking steps to close out its shelters (two of the original five have been closed, and the population of the remaining three reduced) and develop a program of reception and diagnostic centers under the joint auspices of the city and voluntary child caring agencies. The plan calls for a total of nine centers which will provide rapid diagnostic services for some two hundred children. The plan also calls for the establishment of 54 small residential care facilities, to provide for the children processed through the reception/diagnostic centers. These facilities will care for 800 children.

Two diagnostic centers, three group residences and nine city-operated group homes are now in operation, and the results appear promising, although a large population of children remains unserved pending further development of the planned facilities.

3. An Adoption Advisory Council, which includes representatives of private and public agencies as well as adoptive parent groups, has been created to work with the Department of Social Services in formulating policy in the area of adoption. Several demonstration projects in the field of adoption have been approved and will be implemented during the coming year. Efforts are currently under way to establish standards of payment for adoption services.

4. Projects to test the effectiveness of intensive family services in preventing or shortening the foster care of children were implemented during 1974 in New York City and Monroe and Westchester Counties. The final report of the evaluation of these projects is due January, 1976. While valid statistical data cannot be developed until after the evaluation period, early indications are that the services provided are improving the functioning of families and preventing placement.

5. Through a grant from a private foundation, a consulting firm has been exploring ways in which a child welfare information system could be implemented throughout New York State. Such a system would provide essential data on which management decisions can be based, and would make it possible to track individual children to be sure that adequate plans are being made for them.

SUMMARY

The need for child welfare services is intimately related to the quality of life within our society. While the need for services is not limited to the poor, as evidenced by the many who utilize private counselors, special schools, and private psychiatric facilities, it is well documented that the life circumstances of those in the lower socio-economic strata of society both contribute to family breakdown and mitigate against the likelihood of adequate service being available. It is ironic that in almost all areas of social service, those most in need are least likely to be helped.

Therefore, a reduction in the demand for child welfare services at public expense can be anticipated only if this nation faces up to its responsibility to provide an adequate level of care for every citizen. Since this is unlikely to occur in the near future, the quality and quantity of child welfare services of one kind or another must inevitably increase. Our choice is whether we will continue to pour the heaviest investment into care which separates children from their families or whether there will be a reordering of our priorities so that child welfare services designed to support and supplement the care provided by families may be routinely provided.

In general, the quality of services such as foster care and day care has steadily improved over the years. There has been increasing recognition of the differing needs of children and the development of additional programs to meet these needs, such as group homes, agency-operated boarding homes, and foster family day care homes. There has been a long-time trend towards more specialization in institutional care. Institutions are being seen less as places for children to reside throughout their minority and more as short-term treatment facilities. Policies of all the State agencies involved with child care have encouraged the deinstitutionalization of children and supported the concept of community-based services. However, the State has not been as effective as it might have been in providing the means to support alternative services for families requiring them. Local agencies have found themselves blocked in their efforts to provide more preventive services by restrictions in the law and reimbursement formula.

To change the system to the point where emphasis is primarily upon helping families to survive intact rather than to care for children removed from their families will require a new approach as well as a change in attitude towards families in trouble on the part of the general public and many in the helping professions themselves. While all the answers to all the problems are not known, the Department of Social Services believes that sufficient knowledge, skill, and motivation presently exist to begin to move in a new direction. The recommendations presented earlier in this report would, if implemented, provide a base from which to begin to accomplish the necessary changes.

Board of Social Welfare

Foster Care Needs and Alternatives to Placement

A Plan for Action

STATE OF NEW YORK
Hugh L. Carey, Governor

BOARD OF SOCIAL WELFARE
Baldwin Maull, Chairman
Bernard Shapiro, Executive Director
Barbara B. Blum, Assistant Executive Director

COMMITTEE ON SPECIAL PROBLEMS
OF CHILDREN IN FOSTER CARE
Leonard Block, Chairman

A PLAN FOR ACTION

The report, Foster Care Needs and Alternatives to Placement, documents the facts which indicate that to a significant extent the child care system in New York City has not been sufficiently responsive to the current needs of families and children requiring service. Specifically, the foster care system has not adjusted to the drastic and rapid changes in the age distribution of the population it serves or to the needs of the increasing numbers of adolescents and emotionally disturbed children in care.

The child care system in New York City is extraordinarily complex. More than 80 voluntary agencies care for about 85 percent of the children receiving foster care service, while Special Services for Children purchases care and maintains responsibility for children placed with the voluntary agencies and at the same time, provides care directly for the remaining 15 percent of the children in care. The question arises whether so complex a system is viable. Can this large group of varied and autonomous voluntary agencies respond effectively and efficiently to the range of needs of New York City children at risk and provide the variety of services in the necessary volume and pattern?

An adequate answer to the question posed must be based on a review of both the strengths and weaknesses of the current system. This system is complicated, but it has provided for many thousands of New York City children at risk services of a degree of excellence and sophistication greater than can be found elsewhere in our nation. The range and variety of services available are unmatched in other locales, and the overall volume of service provided is far beyond that of any other child care service delivery system.

The weaknesses in the system are related to the strengths. While programs of exceptional quality exist, certain specialized services are not adequate for the number of individuals requiring specialized care. As this report indicates, the changes in age, race, and special needs of the child care population requiring services have not been sufficiently reflected in a reprogramming of the system. Parenthetically, however, it must be pointed out that any system which in four years can expand its services for adolescents from a population of 8,336 to 12,021 adolescents certainly deserves commendation. Finally and most seriously, endemic to the system is a damaging inconsistency in decision-making with regard to the service needs of each individual child. No consistent criteria have been used in developing and revising service plans for children in care.

The New York State Board of Social Welfare recognizes the need for vigorous action to correct the system's deficiencies, but it is also cognizant of the major contribution which the voluntary agencies have made to meeting the needs of families and children. The Board is also governed by a sense of reality. With so large a share of foster care services in the city provided by the voluntary sector, realism dictates that means be found to remedy current defects. Conversion to a totally public system, however, with all the concomitant implications of costs and resource development is not practical. The Board's Plan for Action is related to the deficiencies the report has identified. The Board has accepted the objectives for appropriate services as designated in the report. Clearly those objectives cannot be achieved immediately. Therefore, the plan includes time periods for the achievement of each goal. The plan follows.

A. Criteria for the placement of children in foster care or alternatives to placement have been unclear and inconsistently applied, and as a result a large proportion of children in foster care are inappropriately placed.

1. The New York State Board of Social Welfare will soon convene a small advisory task force of experts from the child care and child development service systems to review the criteria published and used in this study to determine appropriateness of care. Upon completion of the review, the Board will consider amendments or additions to Board rules and requirements to encourage consistent criteria for decision making.

2. Staff of the Metropolitan Office review and evaluate on a regular basis the agencies serving New York City which the Board supervises. During these evaluations a sample of over five percent of all cases in an agency's care are reviewed. The Board will use the standardized criteria in its regular review of case records. While the frequency of evaluations is limited by staff shortages, the reviews will provide a sound process for monitoring agency performance and assessing the functioning of the entire system.

B. The study documents the need for services to families and children which would (1) prevent entry into foster care or (2) support discharge plans. While an initial investment is required to create or expand such services, the savings in human terms and the cost benefits are immediate. The lack of funding for community-based preventive and supportive services for families at risk has often led to the inappropriate entry of many children into the foster care system. The Board has assigned highest priority to the task of developing preventive services. This should be accomplished within a period not to exceed two years.

1. The New York State Board of Social Welfare will continue its efforts to stimulate larger appropriations for alternative services. Legislation and funding approved by the State Legislature this year will be helpful in expanding family services, since there is now provision for reimbursement by the State for preventive programs as well as an appropriation for the 1975-76 fiscal year.

The Board will encourage New York State Department of Social Services to assign highest priority to the use of public funding for such programs. A minimum of $9 million is required to meet current estimated need; this is less than one-half the amount required if the children who could be returned to their own homes are not served there but remain instead in the least expensive type of foster care (i.e., foster homes).

2. Currently, manpower resources in the child care agencies are assigned to assess the needs of families of children in care or awaiting care. These staff, however, are often located in offices distant from the families at risk. The Board will work with the voluntary agencies and New York City Department of Social Services to encourage the shifting of existing manpower as well as any new resources to the neighborhoods from which most of the foster care population come. The appropriate location of staff would provide for more efficient and effective use of staff time and for improved knowledge of whatever community services exist. More important, the staff would be accessible to the families.

3. The Board will request that NYCDSS and all authorized agencies review on a priority basis all cases of children in care to ascertain each situation in which a child can be discharged and if the appropriate services are available to the child and family upon the child's return home. Further, the Board will make every effort to arrange for children who could be discharged from foster care to receive services from existing preventive programs on a priority basis.

C. Severe deficiencies in adoptive planning are a major focus of the report. The Board estimates that a minimum of three years will be required to correct these deficiencies.

1. The Board will recommend that the New York State Department of Social Services and the New York City Department of Social Services finance in full the costs related to freeing and placing children for adoption. The current system does not provide for total reimbursement for such costs. Although the $19 million required over the three-year period to implement the necessary adoptions represents a "new" expense, about two-thirds of the costs are non-recurring, hence the legal fees and casework charges will be paid only once, and a saving of at least $28 million per annum would result if these children were no longer in placement; since the average length of stay for the children is more than five years if they are not adopted, $140 million total savings can be estimated.

Since the number of children needing adoption is so large and so much greater than the current system's capacity, the New York City Department of Social Services will be asked to identify priority target populations of children requiring adoption or for whom planning can be implemented. Such sub-groups may include children in foster homes already freed for adoption and children under the age of six who have not been visited for one year. The necessary resources to free and/or place such children must then be mobilized; the effectiveness of the effort will be monitored on an annual basis to assess the degree to which the objectives are achieved.

2. The study indicates that more than twice as many children should be placed for adoption as are now in the adoption process. A doubling of the volume of adoptions will require attitudinal changes on the part of many staff and improved skills to identify the children now in foster care who should be adopted. The Board will require all authorized agencies to develop intensive training programs designed to heighten staff sensitivity to each child's need for a permanent home and to extend staff capabilities in adoptive planning.

3. Many of the children who would benefit from adoption are in foster homes. Since warm relationships will have developed in many such instances and since these homes are the most logical source for the very large supply of adoptive homes required, the Board will request that each authorized agency undertake a review and report of its current foster homes to identify all those which could become adoptive homes.

4. The Board will continue to work with agencies and adoptive parent groups to refine current techniques for recruiting and screening adoptive applicants. Special emphasis will be given to identifying the applicants who would be most responsive to older and handicapped children.

D. A major expansion of group homes and group residences is recommended in the report. At the present time community opposition and high costs for renovation and rentals constitute serious constraints to this expansion. The Board has estimated that the expansion of these facilities by about 2,000 places can be accomplished in three years.

1. The Board will examine with the child care agencies steps which can be taken to mobilize support and understanding of these programs. Civic organizations, political leaders, and the media must be more effectively involved in community education.

2. The Board will attempt on a geographic basis to develop a roster of all community-based residential facilities existing or planned. Such a roster will include facilities operated or funded by the Department of Mental Hygiene and the Division for Youth, nursing homes, health-related facilities, homes for adults, and facilities for the drug addicted as well as group homes and group residences. This roster will provide a comprehensive guide to encourage appropriate distribution of new child care facilities, since community opposition is often generated by over-saturation of an area.

3. Board staff will continue to assign high priority to the processing of approvals for new community-based facilities. The number of children in group homes and residences in 1971 was 1,200; on September 1, 1975, over 2,500 children were in these settings.

4. Since costs for the expansion of these facilities will be high, the Board will explore with the agencies possible new sources of

funding. For instance, since community-based programs are consonant with provisions of the Juvenile Delinquency Act, it is possible that financial support for group homes and residences can be obtained from this source; these funds might best be targeted for training prospective professional and paraprofessional workers.

Rents for group homes are sometimes exorbitant in relation to the actual costs of renovations required. New ways to finance such requirements will be analyzed. Possible savings from renting subsidized housing units will also be analyzed.

E. Residential treatment resources are currently required for more than 2,600 children for whom such care is not available; by 1980, the deficit for residential treatment will be in excess of 3,200 places. The costs for such care are high, since skilled professional time must be financed for effective treatment of these troubled children. At the same time, there are children now being cared for in general institutions (which provide a less intensive level of care), some of whom (1) could benefit from foster home or group home/residence placements or (2) require the more intensive services of a residential treatment setting.

The five-year period designated by the Board for the development of the needed residential treatment centers recognizes that progress may be rapid initially, since a number of institutions have already begun to phase in treatment programs. Other settings, however, may require lengthy periods for reprogramming.

1. The Board will review with the voluntary and public agencies each existing institution in order to identify which facilities and which

campuses can be converted to residential treatment centers. In this review, it will take account of the fact that many institutions have already begun to develop treatment components and in effect are in a state of evolving as residential treatment centers. Upon completion of these reviews, the Board will provide assistance as appropriate to expedite conversion; in those instances where a general institution should be closed, the Board will work with the relevant agency to develop sound plans for phasing out the general institution program.

2. Conversion of general institution settings to residential treatment centers will involve substantial capital costs and will increase the costs for care, maintenance and treatment. The development of new facilities is even more costly. It becomes most important because of the costs involved to maximize federal funding through Title XIX, with federal reimbursement rate of 50 percent. The Board will request New York State Department of Social Services and the Department of Health to cooperate in designating whenever appropriate and possible residential treatment centers (type [illegible]) as Intermediate Care Facilities eligible for Title XIX.

3. As residential treatment centers are expanded, the single most important factor in their effective development is the intensive training of staff at every level. In converted general institutions as well as in any new treatment facilities, the Board will require appropriate training by persons experienced in the delivery of such specialized services.

F. The report cites the oversupply of foster homes which currently exists and indicates that for the future a decline in foster homes required will be continued. An analysis of foster home needs and possible changes in this program will be accomplished within a two-year period.

1. The reduction in number of foster homes required for younger children provides an opportunity to phase out the least effective of the current homes. The Board will request that agencies review their certified homes in order to identify those foster homes providing the best service and to plan for the phasing out of less acceptable homes.

2. The data for foster homes further indicate that the opportunity now exists to modify the Board's criteria for certifying foster homes in order to ensure high-quality care and responsiveness to current child care needs. The Board will examine with the child care agencies how recruitment practices and the screening/training of foster parents can be improved.

3. Many current foster care families would be fine adoptive parents. As mentioned in the adoption section, the Board will require that voluntary and public agencies review their rosters of foster families to determine which families would be interested in and eligible to become adoptive families.

G. The report indicates that the appropriate pattern of placements and alternatives to foster care (including service outside the traditional foster care system) would have cost an estimated additional $13.5 million as compared to the current situation in which more than two-fifths of children in foster care are inappropriately placed. This figure also includes $19 million for adoption costs, which would actually be spent over a period of three years. Without appropriate reallocations, the foster care system will continue to provide services which for many children are not only inappropriate but more costly than required. Thus, the foster care budget could reflect over the next ten years incremental increases far greater than those projected for the provision of appropriate care.

To prevent this, major expenditures which total $117 million are required for family services ($9 million), adoption services ($19 million), residential treatment services ($49 million), and group home and residence care ($21 million). The major portion of these increases can be met with offsets related to reductions in foster home care and general institutions. These estimated savings, which total $104 million, include almost $7 million for care in temporary institutions, $67 million for long-term care in general institutions, and about $30 million on foster homes.

Although the additional $13.5 million which the report postulates (or the additional $20 million per year required by 1980) may seem like a large sum at a time of fiscal crisis in the state and city, the expenditures will not all occur in one year; in addition, a large part of the additional cost will be met from federal sources (for instance, federal revenues for ICFs if obtained would cover the total increase) and possibly from philanthropic funds. Thus, state and local commitments can be minimized.

During the next year, the Board will undertake the following steps.

1. The Board will advocate that if possible Title XX funds be used to fund the family services and adoption costs. If this is not possible, the Board will press for state/local funding inasmuch as con-

tinued foster care for children who could be served by these programs will be twice as costly. Thus, after the initial outlay, actual savings would occur.

2. The Board will encourage philanthropic foundations to make grants to cover the capital costs of developing small community-based congregate facilities, as well as stimulating the appropriation of public funds for this purpose.

3. The Board will request, as indicated earlier, that policy be developed with regard to funding residential treatment centers (type B) with Medicaid resources. This funding, with 50 percent federal reimbursement, would reduce the required state/local funding by as much as $20 million.

H. In order to implement the action required for sound systemic change, both specialist staff and additional generalist staff are needed in the New York State Board of Social Welfare, Metropolitan Office. The additional generalist staff are needed in order to visit, inspect and supervise facilities and review the case records. The specialist staff should consist of persons of demonstrated expertise in specific areas, such as education, psychiatric services, adoption procedures, training and proposal writing. Although Section 750 of the Executive Law does not expressly provide for such a staff, this would seem to be consistent with the responsibilities of:

--making rules governing the operation of foster care, and

--visiting, inspecting, and supervising facilities caring for the dependent, neglected, and delinquent youths.

1. The Board will request governmental and philanthropic support for the staff required.

2. The New York State Board of Social Welfare in cooperation with the New York City Department of Social Services and the New York State Department of Social Services plans to monitor trends in the characteristics of the child population, in order to predict future service needs. To a large extent, current deficits in service are related to a lack of systematic analysis of the impact on the child care system of birth rates and inmigration, as well as policies and practices in other agencies (in the courts, DMH, DFY, public schools, etc.). The population estimates developed in this study provide a baseline against which such analysis can occur. Thus, the study lays out projected needs based on estimates related to birth rates, inmigration, and economic growth. Changes in these indicators will have implications for service needs. Such information must in the future be shared with the child care agencies.

The Plan for Action has as its ultimate goal systemic change to produce major shifts in the provision of services to children and families. The objectives of the Board are clearly and succinctly presented in the following tables. In undertaking the Plan for Action, the Board is directing its most vigorous efforts to the achievement of these specific objectives.

ACTUAL AND APPROPRIATE PLACEMENT[1] OF NEW YORK CITY CHILDREN CURRENTLY IN FOSTER CARE, AWAITING PLACEMENT, DISCHARGED FROM PSYCHIATRIC WARDS [2] OR ON PROBATION [3], DECEMBER 1974, AND PROJECTED NEEDS OF FOSTER CARE FACILITIES - 1980,1985

	December 1974				December 1980			December 1985		
Type of Placement	Actual Place-ment	Appro. Place-ment	Surplus (Actual ex-ceeds Appr.)	Deficit (Appro. exceeds Act)	Place-ments Needed	Surplus (Need less than 1974 Actual	Deficit (Need ex-ceeds 1974 Actual	Place-ments needed	Surplus (Need less than 1974 actual)	Deficit (Need ex-ceeds 1974 actual)
Own home	3,632	4,163		531	*	*	*	*	*	*
Temporary Foster Care										
Foster home	1,071	873	198		867	214		805	266	
Group home	48	226		178	273		225	248		200
Group residence	119	412		293	482		363	439		320
General institution	214		214			214			214	
Long-Term Foster Care										
Foster homes	13,185	9,737	3,448		10,902	2,283		9,931	3,254	
Agency -op. boarding home	286	478		192	538		252	490		204
Group home	1,571	2,464		893	2,921		1,350	2,660		1,098
Group residence	500	1,030		530	1,214		714	1,107		607
General institution	3,951		3,951			3,951			3,951	
Res. treatment Type A	881	2,500		1,619	2,946		2,065	2,680		1,799
Res. treatment type B	262	1,274		1,012	1,502		1,240	1,365		1,103
Institution for retarded	262	412		150	491		229	447		185
Fos. home, pros. adoptive	4,593	3,951	642		4,297	296		3,917	676	
At home, susp. payment	1,428	881	547		988	440		902	526	
Other										
Secure detention	190		190			190**			190**	
Adoption		3,669		3,669	*	*	*	*	*	*
Lifetime care		143		143	*	*	*	*	*	*
Other/record unclear	374	404		30	532		195	482		78
Total - Own Home	3,632	4,163								
- Adoption		3,669								
- In placement	28,935	24,642			27,953			25,473		
- Lifetime care		143								

Notes for Table

1/ Includes own home.

2/ Since children discharged from psychiatric wards to foster care were already in care and included in the 1974 actual total, they were not added a second time. The surplus or deficit for children in psychiatric wards was added to the appropriate placement, 1974 totals.

3/ Excluded from the appropriate total were 180 children from psychiatric wards and on probation whose appropriate placement was Division for Youth facilities and 25 children from these two groups whose appropriate placement was Dept. of Mental Hygiene facilities. Excluded from the 1974 actual totals were 229 children from psychiatric wards who were placed in DFY or DMH facilities.

* In the projection, we are assuming that no child who should be home, in lifetime care, or already have been adopted will be in the foster care system. Note, however, that we are assuming continued need for prospective adoptive homes within the foster care system.

** The surplus of 190 children in secure detention is carried over from 1974. It is assumed that all of these children will be properly placed by 1980.

ESTIMATED EXPENDITURES FOR FOSTER CARE IN NEW YORK CITY
FOR CURRENT AND APPROPRIATE PLACEMENT, 1974
AND PROJECTED APPROPRIATE PLACEMENT, 1980 AND 1985
(In Thousands of Dollars)

Types of Placements	1974 Current Total	1974 Current Maintenance	1974 Current Medicaid	1974 Appropriate Total	1974 Appropriate Maintenance	1974 Appropriate Medicaid	1980 Total	1980 Maintenance	1980 Medicaid	1985 Total	1985 Maintenance	1985 Medicaid
Grand Total	252,805	223,622	29,183	266,390	220,849	36,251	285,407	237,819	38,388	258,246	208,709	27,870
Temporary Foster Care--Subtotal	23,751	22,504	1,247	15,654	13,604	2,050	17,696	15,348	2,348	16,146	14,005	2,141
Foster home	5,528	5,075	453	4,506	4,136	370	4,487	4,119	368	4,155	3,814	341
Group home	738	675	63	3,475	3,178	297	4,210	3,850	360	3,814	3,488	326
Group residence	2,217	1,817	400	7,673	6,290	1,383	8,999	7,379	1,620	8,177	6,703	1,474
General institution	7,271	6,940	331	—	—	—	—	—	—	—	—	—
Secure detention	7,997	7,997	1/	—	—	—	—	—	—	—	—	—
Long-Term Foster Care--Subtotal	219,442	196,889	22,553	208,049	183,733	24,316	241,126	212,766	28,360	218,610	192,881	25,729
Foster home	68,050	62,467	5,583	50,254	46,131	4,123	56,421	51,792	4,629	51,255	47,050	4,205
Agency-operated boarding home	3,053	2,932	121	5,103	4,903	200	5,739	5,531	208	4,911	4,716	195
Group home	24,158	22,094	2,064	37,891	34,653	3,238	45,041	41,192	3,849	40,904	37,409	3,495
Group residence	8,238	7,322	916	16,970	15,083	1,887	20,058	17,827	2,231	18,239	16,211	2,028
General institution	66,813	58,910	7,903	—	—	—	—	—	—	—	—	—
Residential treatment type A	15,854	13,381	2,473	44,986	37,969	7,017	53,157	44,865	8,292	48,225	40,703	7,522
Residential treatment type B	5,290	4,153	1,137	25,720	20,191	5,529	30,406	23,870	6,536	27,557	21,653	5,904
Institution for the retarded	4,281	3,870	411	6,733	6,086	647	8,046	7,273	773	7,304	6,602	702
Foster home, prospective adoptive	23,705	21,760	1,945	20,392	18,719	1,673	22,258	20,416	1,842	20,215	18,537	1,678
At home, suspended payment	—	—	—	—	—	—	—	—	—	—	—	—
Adoption--Subtotal	—	—	2/	18,943	18,943	—	3,675	3,675	—	1,903	1,903	—
Foster Care--Total	243,193	219,393	23,800	242,646	216,280	26,366	262,497	231,787	30,710	236,690	203,339	20,933
Other Systems--Subtotal	9,612	4,229	5,383	14,454	4,569	9,885	13,710	6,032	7,678	12,387	5,450	6,937
Lifetime care	—	—	—	4,071	—	4,071	—	—	—	—	—	—
Other/record unclear	9,612	4,229	5,383	10,383	4,569	5,814	13,710	6,032	7,678	12,387	5,450	6,937
Alternative Services--Subtotal			3/	9,290			9,200 4/			9,200 4/		
Comprehensive family center				1,595								
Casework agency				1,952								
Child guidance				1,240								
Homemaker				1,385								
Family day care				—								
Day care center				—								
Day treatment				1,833								
Alternate or special education				—								
After-school recreation				—								
Drug/alcohol rehabilitation				619								
Housing assistance				666								
Other				—								

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TESTIMONY
TEMPORARY STATE COMMISSION
ON CHILD WELFARE

PRESENTED BY
CAROL J. PARRY
ASSISTANT COMMISSIONER
SPECIAL SERVICES FOR CHILDREN
DEPARTMENT OF SOCIAL SERVICES
NEW YORK CITY

FEBRUARY 21, 1975

Child care professionals are pretty much in agreement on the goals of our child welfare system. And so we hear again and again that our efforts must be directed

first, to support families so that children need not be removed from their homes;

second, when a child is removed, to provide for early return to the family;

third, when return is not practicable, to plan for adoption in as many cases as possible; and

fourth, to provide high quality care for *all* children in placement.

I am in full agreement with such goals. And yet it is also necessary that we tell ourselves that, while we sometimes are indeed able to successfully operationalize these goals, all too frequently we fail. The gap between goals and reality, between our supposed guiding principle of "the best interests of the child" and our common practice, is all too wide.

I cannot keep from wondering:

—How can we expect to make our decisions "in the best interests of the child" when the interests of natural parents, social workers and agencies often take priority?

—How can we reconcile our philosophic commitment to preventive and supportive services for families with our system's almost total inability to provide such services?

—How can we talk of "temporary placements" when most of them last more than a year? Or of "return home" when half of our children never will?

—How can we talk of adoption as the only serious alternative when it affects so few of the children in care?

—How can we rationally maintain that permanent foster care is the least desirable alternative for these children when we know that it will be the reality for at least the majority of our children?

As a Fund for the City of New York report put it in 1971, "one thing is clear, the actual effect of child welfare law and practice is in no way related to any current philosophy."

Several important legislative and administrative changes in the past few years, such as the institution of the 24-month court review and subsidy payments for adoption, have made a great deal of difference for some children. But many more changes will be needed if the great majority of the 29,000 children now in care, and the thousands more who will be coming into the system, will indeed be properly cared for. I would like to suggest some of the needed remedies, and I hope that the Commission will translate my suggestions into essential legislative, procedural and administrative action.

• • • •

I would like to talk about supportive and preventive services first, because I believe that the single most serious deficiency in the system is our inability to make an early identification of children and families in need of help, and the concomitant failure to develop helping services for them before minor problems develop into major ones. I think that we are learning the hard way that many of the children in jeopardy or potential jeopardy who are not helped at an early time eventually enter the system as either neglected, abused, PINS or delinquents.

Efforts to expand child welfare activities to include family supportive services so that families are enabled to cope with emergencies and provide continued care for their children at home have been, in the words of the Citizen's Committee for Children, "half-hearted, small-scale and ineffective." Doctors Fanshel and Shinn have clearly documented, in their powerful "Dollars and Sense in the Foster Care of Chidren," that monies spent for these services would not only prevent many children from coming into care, but in the long run would reduce our system-wide expenses as well.

Supportive services are critical, but they comprise only one piece of the assistance we could give to natural parents if we were actively committed to preventing family break-up. It is clear to all of us that poverty is a major factor in many such break-ups. But we only need contrast the public assistance payments we grudgingly give to natural parents with the much higher foster care rates we pay for care we ourselves consider to be less desirable for the child to conclude that our commitment is more philosophic than real. If we are unwilling to increase public assistance levels across the board, then perhaps we should consider paying foster care monies for some limited period to natural parents to see if such financial assistance could help to prevent a child from coming into care.

The new Title XX of the Social Security Act both heartens and discourages me. These amendments do reflect a commitment to the need for preventive services. It should make available monies for the direct provision of preventive services by public agencies. In addition, the state service plan developed for these monies could be innovative and effective. For example, in the same way that we purchase care from agencies with monies from the Charitable Institutions Budget, I believe that we could redesign the system of social service delivery so that we could contract for a wide variety of services other than foster care. We might negotiate a contract which would specify a prescribed period of homemaker services and medical services required by mothers who are physically ill. Another type of contract might lead to the development of a comprehensive plan to rehouse a family and provide intensive casework services for a specified time. The possibilities are virtually endless;

the only discouraging factor is the 2.5 billion dollar ceiling. That clearly limits the possibilities for now! I think it would be appropriate if the Commission were to push for the development of such possibilities, in order to show that a greater appropriation here could yield really significant results.

• • • •

Today, there are over 29,000 New York City children in foster care. In part, that number is so high because we are not capable of providing timely assistance to families in need when their problems are not yet at the critical stage. Unfortunately, in the same way that we do not make these essential supportive services available as early as possible, we cannot depend on a suitable array of services for viable alternatives to placements. I fear that too many decisions to place are made *by default*, simply because a more appropriate and possibly less costly service or grouping of services is not available. It is essential that the financial incentives for *preventing* a child from coming into care be at least equal to those for *providing* foster care once the family has been broken up. These incentives should be used for intensive casework, homemakers, day care, day treatment, multi-service neighborhood centers, and live-in parent substitutes.

In 1973, the New York State Legislature enacted legislation requiring that a voluntary placement in foster care by the parent and acceptance by the local Department of Social Services be accompanied by a judicial determination that continuation in the home of the parent would be contrary to the best interest of the child. This section 358a was enacted for one primary reason--to secure Federal reimbursement for foster care pursuant to Section 408(a) of the Social Security Act. The Family Court, in addition, interprets 358a as providing monitoring over placement decisions. I am hoping that section 408(a) will be amended to alternatively permit Federal reimbursement for a child, otherwise eligible for AFDC-FC, who comes into foster care by means of a procedure not requiring court involvement, but authorized under State law and federally approved. Hopefully, such a change on the Federal level will lead to change on the State level. You see, I believe the current 358a proceeding is extremely problematic for several reasons:

1) I question the value of the proceeding because during the first fourteen months it has been in use, close to 3000 cases have been approved, while only 62 have been disapproved;

2) It is clear that this proceeding, which was supposed to free up state monies replaced by the Federal reimbursement, has not made additional services of any kind available to families.

3) Too much of my caseworkers' time must be spent in conjunction with the judicial dispostion. This leaves them with much less time to spend with clients.

4) Because the time pressures imposed by the 30 day petition-filing period are so intense, I believe that there is not adequate time for the caseworker to appropriately assess the case prior to going into court;

5) It is not clear how an already overcrowded, overburdened Family Court system can provide a true "quality control" for decisions made by my caseworkers. What expertise can the Court bring to bear that my workers lack? And why should the Court be asked to take on this non-judicial role?;

6) Even though the placement is "voluntary," a mother is, in essence, forced to admit that she is unfit and forced to temporarily give up custody of her child; and

7) In some cases, although parents indicate a need to temporarily place the child for foster care, they may have such an all-pervading fear of being involved with (or stigmatized by involvement with) the court that they decide not to place the child--even though foster care would indeed be in the child's best interest.

In light of all these problems, I would suggest that the Commission take action in four areas:

1) Work to amend section 408(a) of the Social Security Act.

2) Whether section 408(a) is amended or not, repeal section 358a of the New York State Social Service Law. If the Federal reimbursement is so important, a new procedure or new legislation should be developed that would ensure receipt of funds while avoiding the problems I described above. For example, you might consider a conglomeration of modifications to section 358a such as: changing the children affected from those in care 14 days or longer to those in care 6 months or longer, with provision for review of the placement as well as the instrument; arranging an extension of the presently-mandated 30 day filing period to a more realistic deadline; and creating a special court unit with the necessary resources and expertise to review all 358a's.

3) If there is real concern about the quality of the decisions made by caseworkers in conjunction with parents, help us to develop criteria to guide these decisions. You must realize that it is impossible to completely objectify this difficult decision-making process when the specifics of each case are so very important. However, we can provide clearer written guidelines that focus on the following areas: the needs of both parents and children, the reasons why needs are not being met, the problems that have resulted because needs have not been met, the various service options available (especially in the community) and the

desires of those who are to be helped. If the Commission feels that another problem is that caseworkers fail to clarify to parents their rights and responsibilities, we again would welcome any suggestions concerning the imparting of this information.

4) If there is such concern about possible abuses when parents agree to "voluntarily" place their children, I urge the Commission to consider the possibility of making voluntary placements time-limited. This would mean that a child could only be taken into foster home care, under voluntary status, for a specified period of time, without renewal of the written agreement. "Care" would be transferred, but custody would remain with the natural parents. The agreement, signed by the parents, should state their commitment to continuing responsibility for the child, and specify what these responsibilities include. Parents would be able to request the return of their children within a certain number of days. If the agency believes it cannot return the child under then current conditions, or if a parent is not around at the specified time, the case would automatically go to Family Court. The onus would be on the agency to prove to the court why the child should not be returned to the parent. If these changes were made, I believe there would not be a need for the 358a proceeding. Then, perhaps the 392 review should occur earlier—after one year—to make sure that this change is working out well in practice.

• • • •

Fanshel and Shinn also emphasized how our inability to reestablish families as quickly as possible after placement engenders huge financial and social costs. This is clearly another major deficiency in the child care system. Although it is our professed goal to strengthen the family so that the child can return home quickly, we simply do not usually make available to the family the intensive casework services or other more concrete supports (money, housing, medical) that could enable us to meet that goal. We must do whatever we can to directly provide and secure these essential services. In order that all appropriate services are brought to bear immediately, the Commission might consider the feasibility of providing a higher reimbursable rate during the first six months the child is in care, and reducing that rate as time goes on and the child remains in care. In addition, since the solutions to problems besetting families often cannot be found within the child care agency network, but require the cooperation of other deliverers of service such as mental hospitals, general hospitals and family agencies, we must take responsibility for alerting these other systems to the serious financial and social consequences of their failure to restore parents to more adequate functioning. Fanshel and Shinn have suggested that in assignment of caseloads, time be allowed for child welfare workers to become advocates on behalf of parents being served by other systems. I like that idea!

But the problems related to early return to families go beyond our inability to provide help that will resolve the problems that precipitated placement. A number of characteristic practices of the child welfare system itself make return and reunification more difficult. Restrictive visiting policies create tremendous emotional distance between parent and child. The physical distances that must often be traveled to see children or agency workers are frequently great, and travel may require expenses that simply cannot be borne by the parents. The sites and conditions of the visits often leave much to be desired. And this all happens even though we state that we are trying to strengthen families!

Do we carefully delineate our ultimate goals for the child's care at the beginning of placement? Do we immediately develop a plan of treatment that is specific, individualized and dynamic? Do we fully involve natural parents as early as possible, sharing and developing the plan cooperatively and in accordance with their desires and needs if necessary? The answer to each of these questions is "sometimes, but not always." For most children and families, that is simply not good enough. It is clear that we must insist on early planning for permanence for a child. We should include target dates and follow-up procedures. We should clarify at the beginning all matters related to visiting--frequency, duration, setting, etc. We must explain why the parents should keep in touch with both the child and the agency. But most importantly, we must make sure that parents participate in the development of the plan, understand what is required of them, and are assisted in getting whatever help they need to carry out those aspects of the plan that specifically relate to them. In short, if the child has to be placed in foster care, laws, regulations and most especially our practices must be altered so that contact is maintained, necessary assistance is provided, goals are attained--and children go home.

* * * *

If children do go home, let's try to keep them there! Clearly another critical period follows when natural parents and children are reunited. The needs of families during this after-care period are intensive and complex. Once again, the current reimbursement system discourages the provision of counseling or other services during this period. The same kinds of supportive services utilized to prevent children form initially coming into care might prevent another family breakdown and another need for placement. And it might be helpful if we were able to provide some financial support for a short time to give these families a better chance of making it.

* * * *

The final area that I wish to address is the issue of permanency. The suggestions that I have already made, if operationalized, should ensure that those children who could possibly go home will do so. However, there are now, and there will be then, thousands of children who will not be able to reunite with their families.

Right now, far too many children who could and/or should be freed for adoption are not. There has been some improvement since the enactment of Section 392 of the Social Service Law, but this has not been a panacea. Delays are common, adjournments frequent. The agency's position is rarely questioned. Follow-up reports are frequently never submitted to the Family Court.

There seem to be a complex of reasons why children are not freed sooner. First, our payment system is so inflexible that it presents an obstacle to permanency. Agencies are paid for children in care, but they are not given adequate incentives for the legal and other costs incurred during the process of terminating parental rights. In fact, where an agency is interested in freeing a child, it often must decide whether it can afford to do so. Second, the legal requisites as set forth in the permanent neglect and abandonment statutes are often overly difficult to demonstrate. Third, agencies find it difficult to fully gear themselves up to secure surrenders and keep plans for children current. Finally, Special Services for Children is not without blame. We do a poor job of monitoring the movement (or lack of it) of children, and some of our internal procedures delay the freeing process even more.

Each of these reasons suggest remedies. If we expect agencies with limited resources and staff to undertake the expensive and time-consuming efforts required in the freeing process, then we must reverse the current funding disincentives and reimburse them appropriately for doing what we think is necessary. A viable follow-up system to the 24 month review should be created to make sure that agencies are responding to the court's dispositions. The Commission might consider legislation requiring an agency either to initiate court action on the child's behalf when there are grounds for permanent neglect or abandonment, or to substantiate to the court why this would be inappropriate. This could be monitored during the 392 proceedings. Furthermore, the requirements for demonstrating permanent neglect could be altered in such a way so that less stress is given to the rights of parents and more to the rights of children. Finally, if a child has remained in foster care for four years, this should be considered prima facie evidence of permanent neglect. The burden of proof would be on the agency or the natural parents to show why such a determination would not be in the child's best interests.

Suppose we should succeed in freeing greater numbers of children. Can we then ensure them permanency? Why have so many freed children not been adopted? There are endless hypotheses about this as well, and they tend to vary greatly with who is doing the hypothesizing. Some say that there simply are not enough families who are willing to adopt the kinds of children who are currently available. Others maintain that there are financial disincentives operating—since the system is willing to pay only a small sum to recruit an adoptive home, place a child and supervise the adoption.

Many feel that the interested families are "out there," but agency standards, practice and procedure turn many of them off. Still others feel that agencies refuse to work cooperatively to insure a timely placement with the best available parent. And some complain that agencies do not try hard enough to find those families. There is undoubtedly some validity to each of these opinions.

I feel that the child care system could do a better job placing available children in adoptive homes, thereby securing the permanence that every child needs. The first step is clear: we must begin to reimburse agencies for those expensive, time-consuming activities that make up the adoption process: recruitment, home-finding, placement and follow-up services. Fanshel and Shinn have quite graphically shown the extraordinary financial savings possible when children are adopted, rather than left to languish in foster care until their maturity. In the long run, then, such financial incentives would save the system money, and the children much unnecessary uncertainty. Second, agencies should be required to expand recruitment programs--utilizing to a greater extent the possibilities of the mass media and adoption subsidies. Third, common standards and practices in seeking and evaluating prospective adoptive parents must be reevaluated. I am afraid that too many parts of our fragmented child welfare system have not been able to keep up with the changing circumstances of the past decade, and we will need to adjust attitudes accordingly if we are truly to serve the children in our care. Fourth, if any child has remained legally free for six months, we might consider the feasibility and desirability of removing the planning responsibility from the agency which has had the child to any agency that has an available home for that child. If the former agency feels the home is inappropriate, the burden of proof would be on them. Finally, agencies should be mandated to use a prospective adoptive home within 6 months of approval. If they have not done so, any other agency with an appropriate child should be allowed to accept responsibility and use that home as though it had recruited, studied and approved it.

• • • •

In summary, we have not required enough of ourselves. In the report I referred to earlier, entitled "In the Child's Best Interest," the authors issue the following indictment of the child welfare system:

> It is our principal thesis that the child welfare system in New York City does not really work in the child's best interest at all. Both the legislature and the government agencies have failed to provide the direction that would be necessary to realize that goal. The laxity of the law guarantees to all actors in the process such wide discretion that often all are able to serve their own needs while disregarding those of children. There is no uniformity within the field. Although this situation has permitted some private agencies to experiment with new and exciting programs, it has allowed the continuation of out-moded practices by others. The weakness of the law has permitted BCW and other agencies to maintain a passive and sometimes obstructive stance. Thus, child welfare is frequently a service in the best interests of everyone but children.

The Commission will have made a tremendous contribution if within a very few years, such an indictment is no longer valid.

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REFORMING THE CHILD CARE SYSTEM FROM WITHIN:
The Voluntary Agencies' Obligation — A Beginning Plan for Action

Proceedings of the Seminar/Retreat
November 5-6, 1975

Sponsored by
Region IV — New York State Council of Voluntary Child Care Agencies
104 East 35th Street, New York, N.Y. 10016

The President of the New York State Council of Voluntary Child Care Agencies and the Chairman of Region IV wish to express their gratitude to all who contributed to this first Seminar/Retreat of the member agencies, sponsored by Region IV. We are especially grateful to the Planning Committee, the discussion moderators and the recorders who gave of their time and talent in developing and producing this successful event.

We are indebted to the Dominican Sisters for their gracious hospitality and to Ms. Karin Eriksen for the production of these proceedings.

Morton L. Deitch
President
New York State Council of Voluntary Child Care Agencies

Edmund G. Burbank
Chairman, Region IV

REFORMING THE CHILD CARE SYSTEM FROM WITHIN:

The Voluntary Agencies' Obligation - A Beginning Plan for Action

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CONFERENCE PROGRAM

November 5th

11:30 A.M. Registration

12:30 P.M. Luncheon

1:40 P.M. Plenary Session

Presiding: Edmund G. Burbank, Chairman, Region IV
"Purpose of the Conference"

Speaker: Dr. Reynold Levy
"Does Company Love Misery: Social Welfare Systems in Perspective"

2:50 P.M. Discussion Groups

"Critical Issues of the Present - Problems of the Future: The Responsiveness of the System and the Allocation of Resources"

5:00 P.M. Cocktails and Dinner

7:00 P.M. Informal Discussion

"To What Extent Can Agencies with Different Histories and Constituencies Develop a Consensus Position"

Presiding: Morton L. Deitch, President,
New York State Council of Voluntary
Child Care Agencies

Discussion Moderators: Joseph B. Gavrin
Edmund G. Burbank

November 6th

9:00 A.M. Discussion Groups

"Executive Accountability - Programs and Services for Child Planning and the Implementation Thereof"

10:30 A.M. Coffee Break

10:45 A.M. Discussion Groups

"Critical Indicators for Decision-Making and Program Analysis"

November 6th

Noon	Luncheon
1:15 P.M.	Discussion Groups "Framework of Comparability as Distinct from Administrative Housekeeping" - and - "Possible Restructuring of Child Care Agencies as a Way of Restructuring the System"
4:00 P.M.	Coffee Break
4:15 P.M.	Summary "Have We Reached Any Conclusions?" Brother Augustine Loes Director, LaSalle School
4:45 P.M.	Discussion and Adjournment "Where Do We Go from Here?... Have We Formulated a Plan for Action? ...If so, How Can the Plan be Implemented?"

PURPOSE AND FORMAT OF THE SEMINAR/RETREAT

This two-day seminar/retreat was sponsored to bring together board representatives and executive directors of the New York State Council of Voluntary Child Care Agencies member agencies to consider the present situation of the New York City and State child care system, collectively to seek a rational perspective on the problems we face and to rethink underlying concepts. We have an obligation to meet the challenge of improving that part of the child care system - the voluntary agencies - over which we have the greatest control. It was hoped that the seminar would result in development of a reasonable consensus about the conceptual framework that should underlie child care as it approaches the twenty-first century. There was a belief that by talking among ourselves, we would be able to produce more useful information than all the studies of the system which recently have been completed or still are in process.

The Region IV Steering Committee and the Committee on Facilities and Services, which, with the approval of the Board of Directors, developed the idea for this Seminar/Retreat, stressed the many accomplishments of the agencies and their contribution to child welfare as a whole but acknowledged that further improvements can be made. The Retreat program was designed to concentrate on what can be done despite the many handicaps beyond our control inherent in the system. It was intended that discussion focus on internal agency or voluntary sector problems and their resolution rather than on external factors.

The Seminar was attended by over 100 representatives of 59 agencies who spent a total of thirty hours in discussion to simultaneously sort out the facts in the field from rhetoric and wishful thinking. There were eight discussion groups. All were asked to address the same range of questions and concerns.

PROCEEDINGS OF THE CONFERENCE

The Seminar/Retreat was developed with the understanding that there would surely be far more questions than could possibly be fully discussed in the time available, given the comprehensiveness and sometimes controversial nature of the salient issues currently confronting the voluntary sector. While the open-ended dialogue desired was encouraged throughout the Seminar, there were certain areas declared "taboo" to participants. The groups were asked not to focus on the influence - both negative and positive - of external forces, such as the governmental agencies and officials with whom the voluntary sector must interact. Instead, participants at the Seminar were asked to "focus inward" on the realities and potentialities of the voluntary sector only. For this reason, no outsiders-no press, no outside experts, no public officials, no observers-were invited to attend the Seminar. It was conceived to be strictly an in-house assemblage of colleagues and peers where they might candidly air their views, exchange ideas, and make recommendations for their own futures as well as that of the entire voluntary sector.

In line with the goal of seeing the child welfare system in New York City and New York State in perspective with other social welfare systems "under siege," Dr. Reynold Levy was asked to present an initial "keynote" statement. At that time Dr. Levy was associated with the Aspen Institute for Humanistic Studies and on the faculty of New York University. He holds a PhD in political science and the J.D. degree; has served as Director of the Department of Community Relations of the Jewish Board of Guardians and in other posts that have made him well-acquainted with the current child welfare system in New York State. (He has since become Staff Director, Task Force on the New York City Crisis of the Community Council.)

KEYNOTE ADDRESS

Does Company Love Misery?
Social Welfare Systems in Perspective

--Reynold Levy, PhD, J.D.

The leadership of NYSCOVCCA has wisely reserved these two days as a period for hard thought on the condition of the voluntary child care system and on the role that its component agencies can and should play in service delivery to needy clients. Shocking events of the past two years--the Wilder v. Sugarman and Child v. Beame litigation, the contentious and difficult contract negotiations with City and State officials, the negative newspaper and television coverage and the serious public criticism against voluntary agencies emanating from politicans--alone would warrant setting aside time to digest their full implications. Added to these forms of public pressure, however, has been a full complement of professional challenges--the swiftly changing character of the population that comes to you for care, the need to re-equip your staffs to administratively and clinically treat progressively older and more severely disturbed groups of youngsters, and the vexing management task of trying to narrow the chronic and growing gap between costs and income to satisfy both worker demands for wage increases commensurate with double digit inflation and consumer demands for a greater quantity and quality of treatment.

It is no wonder that these past crises have suggested the need for collective reflection. But I suspect that many of you have come here not only with a well honed sense of recent history, but also with considerable anxiety about what the future holds in store. My hunch is more of the same and then some. Your situation is simply too true to be good. The pressures for greater accountability, equity, efficiency, and accessibility in your individual agency operations show no signs of subsiding. The critics who regard the mode and manner of your decisionmaking processes as elitist, insular, exclusionary and heavily oriented toward maintenance of the status quo are acquiring more strength and visibility. And, if one adds to this unpleasant inventory the high probability of further imminent cuts of major proportions in government funding upon which your agencies so heavily depend, the ingredients of a serious and sustained threat to the health, vitality and integrity of the institutions you lead becomes all too apparent.

I take it, then, that this "retreat" represents a lay and professional recognition of the profound influence these powerful forces of change are having on the way in which you think about the important decisions that lie ahead for individual agencies and for NYSCOVCCA.

I have suggested that the pressures upon you are Janus-faced. They originate from within internal administrative and clinical practice as well as from external imperatives. I intend to address only the latter set of concerns.

It would be presumptuous of me to comment extensively upon how to resolve the questions which have been set out in your Conference Program for discussion. They call for considerations too subtle and complex for anyone to offer helpful advice whose first-hand knowledge of child care operations is measured in dozens of months rather than years of intimate experience. Instead, what I hope to accomplish today is to provide you with a context for the specialized exchanges of view that are to follow in your deliberations. By offering an overall perspective on the troublesome state of almost all private, non-profit institutions in American life, I hope to further the process of enlightened self-analysis and self-renewal. For the natural tendency in sessions of this kind is to be parochial, defensive and timid about dealing openly with major problems. The thrust of my remarks is to suggest that virtually all private, non-profit organizations and, indeed, public bodies as well, are confronted by identical challenges and that the beginning of wisdom is to appreciate the larger societal forces at work which contribute to the environment within which you operate and to see whether other parts of the Third Sector* might be acting in ways worthy of emulation.

The final service that I can render in my talk this afternoon is best conveyed by referring to an incident that I recently experienced in my class on "Law and Social Change" at NYU. My students were engaged in an exciting dialogue about the role of law in the enforcement of morality. Their consensus seemed to accord with John Stuart Mill's classic statement of the libertarian position that law should intrude not at all into the private behavior of individuals so long as their activities did not either interfere with the rights of others or pose any clear and present danger to society. According to this standard, legal rules should play little if any role in such matters as regulating pornography and obscenity, treating suicide or euthanasia as criminal acts, or interfering with sexual behavior between consenting adults. One bright student, obviously perturbed with the conclusions being drawn, forcefully raised this objection to the content of the discussion. He said, "If the Lord meant to approve of a permissive society, he would have given Moses ten suggestions, not ten commandments!" Well, I plan to conclude with a number of concrete suggestions, proposals about how individual agencies and NYSCOVCCA might creatively respond to the external pressures now being so widely felt in the voluntary child welfare community.

* * *

BY BREAD, AT LEAST

Accumulating evidence indicates that non-profit institutions in the fields of health, higher education, and culture, as well as in social welfare, are in deep financial trouble. The prospects for the survival in anything resembling the present form of what I call the Third Sector in American life are ominous. For its component organizations face not one but a combination of resource problems. Consider the following indicators:

- The flow of private giving to the Third Sector is barely holding its own in absolute dollar amounts. If discounted for inflation, it is undergoing a substantial decline. In 1974, the monetary value of the charitable giving of all Americans totaled some $25 billion. But the habit of private giving has steadily diminished over the last 15 years, whether as measured by its percentage in constant dollars of the gross national product--from 1.9 percent in 1969 to 1.8 percent in 1974-- or its proportion of personal income--from 1.97 percent in 1960 to 1.6 percent in 1972. Encouragingly, from 1973 to 1974, total individual contributions rose some $1.7 billion for an increase of 7.4 percent; but this figure is still 3.6 percentage points below the approximately 11 percent cost-of-living increase in 1974.

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* The "Third Sector" is the term used to designate that part of society which includes all private, non-profit institutions as distinct from government and for-profit business groups.

- The precious pools of private "social capital" represented by foundation portfolios and other institutional endowments are rapidly drying up under the impact of the severe slump ir stock market prices. The purchasing power of the Ford Foundation portfolio in 1975 (purchasing power meaning market value of its securities discounted for inflation) is only 17 percent of what it was just ten years ago. In the possibly more typical case of the Carnegie Corporation, its portfolio in 1974 had just 34 percent of the purchasing power it possessed in 1964. Under these circumstances, the value of foundation giving in the years ahead will do well to hold steady, with substantial declines the more likely outcome. For example, the grants of the Ford Foundation have been consistently decreasing, from a high of $300 million in 1967 to $208 million for the fiscal year beginning October 1974, to an anticipated annual total of only $100 million by 1978-79. And there is little doubt that similar erosion in the endowments of universities, hospitals, medical schools, museums, performing arts groups and social welfare institutions have significantly lowered the level of operating income that can be anticipated from this source.

- Corporate contributions to charity reached nearly $1 billion in 1972, the last year for which reliable figures are available. As a percentage of pre-tax profit, that $1 billion represents 1.02 percent, the lowest share of income before taxes devoted by companies to philanthropic causes since 1959. Gains in corporate earnings have consistently outpaced several-fold the higher total amounts of giving.

What are we to make of these alarming downward trends in private charitable dollars coming from all of the principal sources which traditionally have provided needed funds?

Well, it seems to me undeniable that the viability of the Third Sector as an instrument of societal pluralism turns not only on receiving sufficient total levels of earned income, but also upon the availability of some adequate minimum of private support. Without this critical percentage of voluntary funds, non-profit groups run the risk of becoming merely compliant arms of the State. Precisely where that "tipping point" may be, beyond which independence and integrity can be preserved only with the utmost difficulty, varies for different categories of institutions. But the aggregate data just reviewed strongly suggests that elements of the Third Sector are today being driven extremely close to it. I needn't dwell on this point when speaking to an audience of executive directors and board members of agencies whose operating budgets average in excess of 90 percent of public money.

As for deficient levels of total funds available to non-profit institutions, hardly a college, performing arts group, hospital or social welfare organization has escaped from the damage wrought by stagflation. Evidence of acute financial distress abounds. Those who frequent libraries and museums experience lessened hours and days of service and severely reduced book and artifact acquisitions. Theatre-goers and dance audiences note that fewer productions are being staged and the criteria for their selection seem based more on economic considerations- the fewer the acts and less elaborate the sets, the better-than on artistic merit. Performing arts groups have diminished their touring, minimized rehearsal time and rarely engage any longer in public service activities in schools, parks, hospitals and prisons. Students at private universities have concluded that they are forever paying more but getting less in the face of faculty dismissals, curtailed ancillary services like newspapers, radio stations, placement offices, sports functions, health and counseling operations, and the phasing out of under-registered courses and even elimination of under-enrolled departments. That voluntary hospitals continue to reel from the financial pounding of recent years is clear from this one staggering statistic: in 1974, 33 members of the United Hospital Fund of New York City accumulated an outpatient service deficit that totaled $52 million, with $60 million anticipated for 1975. And social welfare organizations? Well, many are beginning to respond to fiscal strangulation by adopting service patterns which strikingly resemble triage. In essence, shortages in the quantity and erosions in the quality of Third Sector institutions have become commonplace.

RENDERING UNTO CAESAR

The turn to government funds to substitute for declining private sources of revenue carries with it very significant potential hazards. As reliance on public resources increases, government budget cuts tend to pass the flesh and penetrate the marrow of a non-profit institution's operations. The havoc caused to leading private universities by federal reductions in dollars available for purchasing new equipment and in the number of graduate fellowships and traineeships, which fell from 51,000 in 1968 to 20,000 in 1973 to a current level of 8,000 in 1975, would not have been so serious if the share of their operating budgets supported by private gifts had not fallen to an average level of 10 percent.

But dependence on government funding is perilous for reasons other than the unavoidable risk of cuts in appropriations which so sensitively respond to unpredictable shifts in the prevailing political winds. For the moment government dollars begin to flow into Third Sector institutions, the formal boundary between public and private activities is necessarily breached. In exchange for public funds, bureaucrats try to exact their due by their efforts to control program content and quality, alter structures of institutional governance and influence the populations to be served. I will not bother to dwell on the litany of attempted authoritative invasions of what were once inviolate child welfare agency prerogatives--control over client intake, over board composition, over the size and character of inpatient and outpatient facilities. That is a story of a continuing struggle each of you could and probably have recited over and over again in your sleep.

And perhaps little comfort can be derived from the fact that it is crowded at the barricades. Doctors are alarmed about the threats posed to their independent medical judgment, for example, by recent Federal legislation establishing PSROs (Professional Standards and Review Organizations) to guarantee that patients' stays in hospitals are not excessively lengthy, that surgery is performed only when absolutely necessary, and that admissions are professionally justifiable. University leaders are troubled by what they see as the corrosive effects of government efforts to implement affirmative action for women and minorities in employment upon the quality of their faculty and administrative staffs. Psychiatrists and psychiatric social workers vigorously oppose government review of patient medical records to assure that Medicaid and Medicare funds are appropriately spent as violations of the confidentiality of their relationship with clients.

Government's tendency to pursue accountability for the expenditure of its funds in a less than restrained and discriminating manner has met with howls of protest, often justifiable. But it would be inaccurate to claim that the alleged damage inflicted upon private institutions by the exercise of government power was or should have been entirely unanticipated by its alleged victims. Isn't there a grain of truth in the observation that the eagerness of non-profit institutions to win the public dollar did not come wholly without foreknowledge of the possible consequences? To the extent that the child welfare agencies represented here engaged in behavior similar to that depicted in the following limerick, it is hard to completely empathize with their current plight:

> There was a young lady from Kent
> Who said that she knew what it meant
> When men took her to dine
> Gave her cocktails and wine;
> She knew what it meant--but she went.

GOVERNMENT AS A COMPETITOR

The relatively tidy nineteenth century notion that separate areas of responsibility exist as between government and the non-profit sector in matters of education, health and social welfare has eroded away in the last quarter century. At an accelerating rate since World War II, all levels of government have been moving into and taking over primary responsibility for planning, policymaking, funding and administration in virtually all fields once regarded as the province of voluntary agencies. Not only does government deeply influence your operations by means of strict regulation, it also competes with you as a rival service provider.

The capacity of government to wear hats of all sizes and shapes is true for other categories of Third Sector institutions beside child care. Consider the case of higher education. Whereas in 1950, 52 percent of American undergraduate students attended private colleges and universities, by 1975 only 22 percent do so. The widening gap between what it costs to attend public as against private institutions of higher learning, added to declining rates of enrollment over the next decade and beyond, foretells a further shrinkage of the private educational role unless public policy dramatically changes.

Clearly, the days of separate jurisdictions for the delivery of human services are over. The new reality of the government/Third Sector relationship, of which child care is an integral part, is not compartmentalized, segregated areas of activity but overlap, interpenetration and interdependence. Furthermore, the content and character of that relationship is asymmetrically shaped and controlled by government. It is large and you are small. It is strong and you are weak. The relationship of government as the senior partner and voluntary agencies as the junior one is a perilous one for you, fraught with threats that overshadow opportunities.

AN ASSESSMENT

The combination of government as financier and regulator of voluntary child care agencies with its role as service competitor illuminates why public authorities at all levels exert such decisive leverage upon you. In its role as financier, government demands the right to assure itself that your agencies spend public money by appropriate means at given levels of efficiency and for agreed-upon ends. Indeed, even the tax deductible private contributions you receive are officially regarded as public expenditures, since the charitable deduction, especially generous to donors of appreciated property, deprives the government of substantial revenue it would otherwise receive. As government officials increasingly accept a cash-based view of human service delivery, they have come to regard private agencies as mere instruments of public policy, employed to achieve socially approved goals. So conceived, the impulse to regulate more extensively and intensively is given free rein. Waving the banner of accountability, officials insist upon knowing the who, how, when, what and why of your activities, and where answers are deemed incomplete or unacceptable, they are increasingly willing to withhold or reduce payments for service rendered, subject to major modification of contract terms and conditions.

This tug of war with government Goliaths at one end of the rope and voluntary child care Davids at the other is not unfamiliar to you. But I stress the core of rationality and legitimacy in the principles which animate game players on the government side to drive home the point that, if a particular head of DSS or HRA resigned or was dismissed today, the government end of the rope would not slacken for want of a substitute heavyweight to take up the empty position in the ranks.

The origins of your struggle to maintain that degree of institutional coherence, independence, integrity and identification which originally prompted government to so heavily depend on your agencies for service do not basically reside in official personalities, complex conspiracy theories or racial and religious animus. They come from a deeply felt commitment that recipients of public money and beneficiaries of tax exempt status must continually demonstrate that they are fully responsive to public needs. In the absence of meeting that heavy burden of proof, government officials are morally and legally obligated to demand that you alter your current practice to satisfy public needs as a precondition to receipt of public money.

The content of government's insistence upon change according to its lights is derived largely from its experience as service provider. If, in that capacity, it is subject to demands by the Mayor, the Bureau of the Budget, the Governor and HEW to justify the expenditure of government money, why shouldn't you be so pressured? If it learns that consumer participation in the governance of certain child care facilities results in improved services and generates greater community support for and investment in them, why wouldn't that experience be equally beneficial for the private non-profit sector? If the insistent call for equity in the selection and treatment of clients without regard to race, color or creed sends shivers down the spines of bureaucrats, on what theory should voluntary child care agencies be exempt from doing their fair share? In short, government's direct experience with child care services fuels the motor of accountability with social work gasoline high in octane.

And, at a time of severe budget austerity, the crucial need of politicians and bureaucrats to sort out state and local policy priorities, to decide where best to expend scarce resources, lends further momentum to exhaustive scrutiny of your agencies' operations.

SO WHAT?

To be sure, an appreciation of the legitimate reasons for the deepening of government involvement in the shaping of child care services is not to be confused with approval of the consequences. The conflicting directives emanating from different departments at various levels of government is bewildering. The sheer paperwork burdens imposed by seemingly endless forms that are completed by workers often needlessly diverted from providing direct service to clients is dispiriting. The rapid turnover of government personnel with whom you must deal makes for a disturbing and difficult discontinuity in working relationships. And, it is true, that far too many influential officials remain uninformed about and do not understand private child care agencies, either as individual institutions or as components of a larger system. The Institute for Public Policy Alternatives of the State University of New York politely stated as much in one of the principal conclusions it drew from studying child care operations in New York: "One reason why voluntary system operations encounter problems is that public policy fails to take into account voluntary sector heterogeneity." From this too common authoritative lack of appreciation for who you are and what you do often flows dangerously flawed public policy decisions which virtually invite your stiff resistance and reasoned opposition.

But whatever the wisdom or foolishness of a particular governmental shift in programming, planning, budgeting or method of oversight, the potential for conflict between the voluntary sector and public authority is a pervasive and ongoing, rather than an evanescent phenomenon. In the field of child care, no less than for any other branch of the Third Sector so reliant on government funds, you will have to live with the fact that the staffs of proliferating public bodies will be hovering over your agencies in the next decade to an even greater extent than in the last one. I've suggested that their continuing appearance on the scene is structural and systemic in character and, I submit, that how you decide to cope with this omnipresent reality will be decisive in determining whether voluntary child care agencies have a future. Permit me now to briefly offer some measures that can be taken by individual institutions and by NYSCOVCCA on your behalf which might merit consideration as you think about altering the nature and content of your deepening interface with all levels of government.

WHAT IS TO BE DONE? AN AGENDA FOR THE FUTURE

Agency Adaptation

Individual agencies need, as a matter of high priority, to reexamine their internal governance, patterns of staffing and program effectiveness with a view toward accepting reforms which are appropriately responsive to changing public needs and demands and which do not necessarily threaten essential prerogatives. Not every difference you have with government rises to a level of importance worth arguing about. Not every existing agency procedure embodies an indispensable principle of operation. Yield when you can, refuse only when you must. Save your institutional and professional energies for the critical battles. There will be more than enough of those in the years to come to satisfy the clinical Muhammed Alis among you.

Here are but a few of the recent challenges addressed to you on these three issues that seem to me to require sober thought and perhaps some change in direction:

- To those who call for broadened representation on the governing boards of individual agencies to reflect new points of view, is it any longer satisfactory to respond by claiming that self-selecting, self-perpetuating forms of governance are somehow essential to an agency's well-being? It is undeniable that the meaning of consumer representation, strictly construed, in the direction of voluntary child care agencies is elusive when clients are not adults and their parents frequently are themselves seriously disturbed. But what Board could not benefit from a strong dose of variety that includes fewer grandparents and more members of parental age, fewer friends and business associates of current officers and more fresh minds reflective of the racial, religious and geographical communities from which many of those in need of your services may be found? To the best of my knowledge, no university has crumbled as a consequence of deciding to include some students, townspeople and faculty as trustees and the sky has not fallen on corporations who have appointed representatives of minority and public interest groups to their governing boards. On the contrary, institutions which have broadened the composition of their lay governing bodies to welcome new members with different perspectives often find the results invigorating and supportive as they shed new light on old issues and raise questions heretofore unspoken. Why, it will be asked again and again, do voluntary child care agencies deprive themselves of the benefits of enlarged participation in their deliberations and the more cogent decisionmaking that may accompany it?

- To those friends and foes who suggest the need to invent ways to better assess the performance of child care agencies, is it adequate any longer to respond by stressing the impossibility of putting a price tag on or assigning a monetary value to the relief of human pain and misery and the promotion of healthy, well-integrated personalities? Without underestimating the complexity of developing workable standards against which to measure both the efficacy of different forms of treatment and comparative agency performance, the best and brightest of your clinical and research personnel ought to be directed to get on with that job. For if they do not, the task will fall to outsiders probably less equipped and less inclined to be sensitive to the benefits as well as the costs of different modalities of care.

- To those who are troubled by the fact that at many voluntary child care agencies clients are predominantly Black and Puerto Rican while clinicians remain overwhelmingly white, is it valid any longer to assert that a pool of quality non-Caucasian personnel are not available from which to hire? Have your agencies done enough to alter patterns of recruitment to confidently so claim? If the religious component of child care for deprived, neglected, abused, dependent and abandoned children is deemed important, what of the ethnic identification and positive role model needs of those for whom you bear a solemn responsibility?

The choices implied by these questions are not easily made. Many of you may perceive substantial risks incurred by change, but these must be weighted against the risks of reflexive continuity with past conduct. There is no doubt that the process of adjusting to the intensifying conflict between internal and external dynamics as the imperatives of change press unmercifully against the necessities of organizational harmony is a wrenching one. But it is on the days when such conflicts are faced and resolutions attempted that executives truly earn their pay.

One other suggestion about agency adaption is perhaps in order. Has the executive office pattern of staffing sufficiently shifted to help you satisfy government demands on your time and talent? It is the rare breed of social worker who is equally adept as clinician, administrator, supervisor, author, contributor to professional development and manager of his or her agency's complex intra- and inter-governmental relations. Diversification of staff to include professionals in law, politics and sociology might assist in lightening the heavy burden social workers shoulder when they try to be all things to all men.

NYSCOVCCA Adaptation

At the risk of seeming inappropriately bold, I would also like to venture a few concrete thoughts about NYSCOVCCA's future work. Professional associations are by their nature fully preoccupied with serving member needs, negotiating master contracts and fighting brush fires that combust with astonishing frequency. But if I'm correct in believing that ignorance of the activities performed by child care agencies is rife in the media, in all branches of government and in the general public, then the following two proposals may serve to chart some new courses of action to cure this deplorable state of affairs.

First, the Council should expand its efforts to inform the attentive public about the services rendered by voluntary child care agencies. More and better literature, press releases, films and community meetings to depict the scope, complexity and substance of foster care will help. In addition, a series of small informal informational meetings should be convened between the keenest minds in your ranks and the editorial boards of leading newspapers, the concerned staffs of T.V. and radio, influential politicians and business executives and newcomers to relevant executive departments and judicial posts. Responding to faulty criticism is never as effective as deterring it by taking the initiative, stating your case persuasively and being available to answer questions. An aggressive program of continuing education targeted to a preselected set of groups might be a service that the Council can effectively render to its constitutent agencies and to the social welfare field generally.

Second, to a remarkable degree, NYSCOVCCA has become a coordinated voice for the cause of voluntary child care and it has achieved this distinction in a very short time. But where in state and local government is there a coordinated ear to listen to what your leadership or that of other Third Sector groups is saying? It is clear that there is now no one individual in the executive branch of New York City or New York State who is charged with giving systematic and continuous consideration to the consequences of official policy decisions upon Third Sector institutions and who can exercise a strong influence upon executive branch decisionmaking while policy alternatives are still being pondered. To remedy this astounding deficiency, NYSCOVCCA on its own or in conjunction with other professional associations ought to propose the creation of a new post, special assistant to the Mayor and Governor for Third Sector Affairs, and the development of a high level Mayor's and Governor's Council on the Private, Non-Profit Sector.

Either, or possibly both of these innovations might for the first time develop a permanent focal point in state and city government for maintaining contact and communication with all private, non-profit elements regarding their needs and concerns; for keeping a continuous watch over the actions and proposals of state and city agencies which may have significant impact upon the private, non-profit sector; for bringing Third Sector viewpoints to bear early in decisionmaking processes; and, generally, for taking steps of whatever kind, including possible proposals for legislative action, to protect and preserve the sector's vitality and effectiveness. Labor, industry, agriculture, consumer, women's and environmental groups all have their well-placed advocates and ombudsmen in government to advance their interests. Why shouldn't the Third Sector as a whole likewise have the benefit of an influential and sympathetic friend in authoritative circles?

A PARTING MESSAGE

In your effort to preserve that margin of independence, freedom of maneuver and integrity that has always distinguished voluntary child care agencies from their counterparts in government, I wish you well. The maintenance of pluralism, of multiple centers of initiative and reform, is indispensable to a democratic polity as is the preservation of citizen choice in selecting organizations to be of assistance in a time of need.

It is a sad commentary on one branch of the social action movement that so-called forces of reform are willing to countenance the functional equivalent of a government takeover of child care services in this state to achieve an abstract set of murky objectives. Since June of 1973 the average cost of defendants to litigate and/or settle the Wilder v. Sugarman suit is estimated to have run some $115,000 per month or $3,335,000 to date, with no end in sight. The social waste represented by expenditures of this magnitude is very disheartening. Were half that sum directly applied to solving the real operational problems of the hard-to-place child, it is difficult not to believe that the human problem to which plaintiffs purportedly address themselves might already have been substantially alleviated.

So these are perplexing moments in history when non-profit institutions like yours are being severely tested not only by misconceived legal attacks but also by an even more fatal combination of financial privation and public policy neglect. These problems will not be solved by continued indifference; but neither will they be solved by mere "thinking as usual"--by addiction to conventional ideas which can lead only to piecemeal, ameliorative, reactive steps.

To many, of course, this appeal will seem quixotic. For there is a rather widespread belief that time has overtaken the venerable old private, non-profit sector, that its continuing prominence and influence in the United States is an historical anachronism, that it has virtually disappeared in every other developed Western society and will inevitably disappear here, too.

This view may constitute a great and penetrating insight into the larger social, political and psychological trends of our times. But it may also be a death notice that is premature, a repetition of the Spenglerian brand of misperception. For me, the problems of the Third Sector and of voluntary child care, serious as they are, seem still to be remedial--the funding problems, the relations with government and the need to revise and modernize agency performance. They will, however, be correctable only if mindless neglect, smallness of view and faintness of spirit are replaced by an approach more scaled to the full range of the needs and the potentialities. That is the assessment of the situation, and the underlying conviction, from which the preceeding analysis and prescription originated.

There is a story that I cannot resist telling you, by way of conclusion, because it so appropriately identifies the immensity of the challenge with which you are faced, During the middle of the Second World War, Prime Minister Churchill took time out of a terribly busy working day to receive an English woman in her late sixties who for a month persistently appeared at his office demanding to be seen. When she could be put off no longer, Churchill's exasperated secretary permitted her entry into the Prime Minister's quarters. She had come to remonstrate him for his well publicized habit of heavy drinking. While she admired him as a statesman and incomparable war leader, she boldly asked why in heaven's name he imbibed liquor in such great quantities. Receiving no response, she dramatically pointed to Churchill's waist, and said, "Mr. Prime Minister, if the brandy you had taken in a lifetime were alone poured into this room, it would reach this level." Churchill looked at her as I look out at you today, forlornly shook his head, and replied, "So little done; so much left to do."

Thank you very much.

DISCUSSION GROUP GUIDELINES

All groups were asked to adhere to the following guidelines for discussion as far as the group's process would permit.

November 5th Discussions: Critical Issues

I. Were reactions to the keynote address carried over into the discussion group? If so, what were the main issues or concerns expressed?

II. The System's Responsiveness

A. What suggestions were offered for making the system more responcive to children and families who are not now being served?

B. What direct roles and responsibilities were suggested for voluntary agencies in order to increase system-wide responsiveness to children and families?

C. Should the tasks of child care services be redefined? If so, are there any suggestions for a new definition?

III. The Allocation of Resources

A. To what extent can the voluntary agencies better allocate service resources?

B. How can the voluntary agencies develop more

1. preventive services?

2. services to families?

C. In what other directions might the voluntary sector move for a better allocation of service resources?

D. Is there a need to strengthen executive accountability?

E. Is there a need for a framework of comparability?

November 6th Discussions

I. Executive Accountability

A. Is there a plan for every child?

Is the child included in the planning process?

Is the child's family included?

Is the agency's plan consistent with the child's interests for his own future?

B. How is the child's plan developed?

Is it consistent with good child care philosophy and current sound professional judgment?

How is the appropriateness of the plan measured?

C. What priority does the agency executive assign to involving himself in and monitoring the effectiveness of a plan for a child?

Does the executive take responsibility for assuring that the child's plan is realistically developed and implemented within an accurate time frame?

Has the executive developed an internal mechanism for holding appropriate staff accountable for plan development and implementation?

II. Critical Indicators for Decision-Making and Program Analysis

A. What are the critical indicators (such as agency philosophy; resources) underlying our decisions?

B. How are critical decisions made about a child and his family?...Where? ...When?...By whom?

C. What does it mean, in terms of services and planning, when a number of the children in our agencies have been assigned "no plan"?

D. Do we attempt program evaluation through comparison of agency statistics from different time periods?

For example, do we know how many children have been in an agency's care for - more than one year; more than five years - with a plan of " continued foster care"?

What is the nature and source of information available to an agency? Is it readily accessible and easily retrievable?

E. Are we able to analyze the impact of personnel and other service variables on program effectiveness?

Do we know which factors contribute to smooth-running programs? And, can we identify the program areas that do not run as well and pinpoint the reasons for this?

F. Do we attempt regular programmatic needs analysis? Will this enable us to assess and predict the utility of present and future program components?

III. Framework of Comparability

A. Do we know the dollar-for-dollar costs of our services and programs?

Do we know how one program compares to another?

Do we put the same "price tag" on all service components?

B. Can we agree about which services to compare and the method of doing it?

Can we compare the cost effectiveness of our adoption and discharge rates with those of other agencies?

Is the length of time requried to free a child consistent between agencies?

C. Do we have common criteria for

selecting foster parents?
selecting adoptive parents?

D. How do our rejection patterns compare with expressed community needs for placement services?

E. What information or data resources for helping to answer the above questions are identifiable, if any?

IV. Restructuring

A. Should we be rethinking the range of our services?

Should new regroupings of agencies be considered?

How might new service arrangements be implemented?

...augmented adoption services?

...specialized day treatment agencies?

...unified family and child services?

In what way and to what extent are structural arrangements essentially relevant or irrelevant to effective service delivery?

B. Should we be rethinking the size of our services?

Should we explore merger possibilities?

Do we have valid indicators as to how large or how small an agency should be?

Do we know how size affects unit costs?

Can/should we develop guidelines for ratios of administrative staff to program size?

* * * * * *

In general, each group attempted to adhere to these discussion guidelines as closely as possible. However, as was anticipated, the complexity and far-reaching implications of the guidelines' questions precluded the possibility of giving equal attention to each issue. Nevertheless, to varying degrees all the issues contained in the guidelines were addressed sufficiently to permit clear and knowledgeable conclusions to be drawn by every group.

The participants spent over eight hours in intensive small group discussions in addition to general sessions which all attended. Throughout, there was a sense of focused problem-solving and an intent to move towards setting priorities for the future shared seemingly by all. As issues and directions crystallized, there was a high degree of consensus evidenced regarding the urgent need for planful change in many policy and practice areas of the entire child welfare network. The participants strongly concurred that our society and more specifically child welfare has been trying to apply yesterday's solutions to today's problems and tomorrow's anticipated needs. The inadequacy of this approach, which is being so keenly felt throughout the human services right now, and the need for prompt remedial action were underscored throughout our Seminar/Retreat.

Two themes dominated the participants' discussions: "Where are we?" "Where are we going?" While hard-and-fast rules for the future course of the voluntary sector were not laid down during these two brief days, there did emerge a solid foundation of priority needs and values which the participants agreed should direct their agencies' and the sector's ongoing development. Further the participants heartily endorsed a commitment to continuing concentration of cooperative effort among themselves to heighten the responsiveness and effectiveness of the voluntary sector. The understanding that the changing times of this new era of child welfare preclude entirely any possibility of moving on with an attitude of "business as usual" was shared by the participants and reinforced their interest in securing, through the Seminar and the related work of NYSCOVCCA, the pursuit of planful change to meet the needs of the voluntary sector, the consumers of their services, and the larger society in the years ahead.

At the Seminar's concluding session, Brother Augustine Loes, Executive Director of the LaSalle School, suggested to the group that the standard form for a seminar/retreat is meditation on the four last ends of man: death, judgment, heaven and hell. He noted that the death of voluntary agencies, as victims of larger societal forces beyond their control, seems all too close at hand. Further, he noted that the voluntary sector is seemingly under severe judgment by the government, the consumer, and its own constituents. No enthusiastic hope of an immediate heaven is seen to be at hand. Rather, Brother Gus concluded, "living in the bosom of Abraham (Beame,that is) may be a species of hell."

This apt and witty synopsis of the Seminar proceedings reflects rather accurately the perceptions of the participants about the state of child welfare in New York. Brother Augustine did bring the Seminar to an end on a more optimistic note,however, by providing the group with a comprehensive list of preliminary directions for future action. His summary has been incorporated into the Conclusions that follow (and are appended in their entirety on Page 28 of these proceedings).

CONCLUSIONS

The following ten conclusions represent a distillation of the thinking and discussions in which the participants were involved and are areas in which there was both consensus and agreement as to the pivotal nature of these issues to the future of voluntary child care.

I. Commitment to Voluntarism - The importance of supporting the functioning and strengthening of the voluntary service sector in our democratic society was staunchly reaffirmed. There was an accompanying understanding that a viable partnership with the public sector is essential and should, therefore, be sought and reached. The interdependence of the two sectors would seem to need clarification for the general public and the exact parameters of their reciprocal relationship should be defined, as well. For example, it would be to the benefit of both the voluntary and the public agencies, if program planning and development could be undertaken in closer harmony between the two.

Initiative by the members of the voluntary sector needs to be increased to educate the general public and the legislature adequately about the contributions and dimensions of the voluntary sector. Initiative also needs to be revitalized by the member agencies in pursuing increased philanthropic funding to be used as "venture capital" for program innovation. While the voluntary sector has clear, contractual responsibility to be accountable to the public agency for services, there exists a reciprocity here. The voluntary sector needs also to hold the public agency accountable for developing and maintaining appropriate, coordinated services to New York's children and their families.

II. A Human Services Perspective - The adequate provision of services to children and families is often impeded by the artificial boundaries drawn and maintained by the subsystems of the human services. If the voluntary sector - and the child welfare subsystem - are to meet the needs of the "whole" child and the "whole" family there must be increasing efforts to integrate with other, related subsystems, i.e. mental health, education, juvenile justice, health and welfare. The voluntary sector's commitment to the provision of services which are readily accessible; comprehensive; continuous; and of good quality cannot be achieved without bridge-building between subsystems to create an effective service delivery network.

III. Accountability to the Consumer - Throughout today's society there is a growing awareness of the consumer's roles and rights. Although historically none of the human services were developed with strong consciousness of any accountability to the consumers of their services, this is no longer so. All service sectors are now accepting the appropriateness of involving consumers in all levels of service delivery. In the voluntary child welfare agencies, there is much to be gained by inviting fresh minds to join in the planning and delivery of services. Therefore, further impetus should be given to recruiting representative staff from among consumers. Board membership should also become more broad-based.

Ultimately, the voluntary agencies are accountable to every child and family for the quantity and quality of services provided. The tendency for our agencies, not unlike any other firms or corporations, to become more concerned with operational issues than with consumer needs and demands needs to be actively guarded against. The increasing inundation of administrative details and bureaucratic red tape presently confronting us cannot be permitted to sidetrack us from the provision of services for which we would gladly be held accountable by the direct consumers as well as the general public.

IV. Professional Standards - The importance of a high quality of professional competence at all levels of staff cannot be underscored too much. There is some concern that our agencies have, over the course of time, developed too much "professional distance" from the families with which they work and too little up-to-date knowledge about relevant child welfare theory and practice principles. Intensified staff development programs throughout the voluntary sector could greatly enhance standards of staff functioning. Agencies' attention to setting higher standards for job performance probably should bear in mind a rather pronounced tendency in social work to be too "understanding" and permissive of a staff member's incompetence. An increased professionalism in this area is considered imperative to the upgrading of all services within an agency.

V. Planning - Increased responsiveness to the needs of all New York children is the acknowledged fundamental goal of the voluntary sector. Traditional patterns of service provision and professional orientations have clearly tended to circumscribe the system's responsiveness. Broad-based change is needed. Knowledgeable planning must be undertaken now to achieve such change. Several planning strategies should, therefore, be promptly initiated:

A. Data-gathering - Future planning depends on adequate and comprehensive current knowledge of the children and families to be served as well as of the resources available to be utilized in their behalf. The voluntary sector will need to stimulate the gathering of hard data and projections about future anticipated needs from its management information system (CWIS).

B. Funding - The present funding formula which determines the purchase of services from the voluntary sector must be substantially reworked. As the funding arrangement and its supportive legislation now stand, the voluntary sector is faced with a disabling constraint to the implementation of needed service alternatives. The agencies cannot take on the responsibility for meeting comprehensively other child welfare needs in addition to the provision of substitute care unless enabling legislation is enacted to permit the public's purchase of a range of alternative services. The voluntary sector would be both willing and able to move effectively in new directions if assured of adequate funding to support such efforts.

C. Reallocation of resources - The voluntary sector cannot continue to function effectively without a thorough realignment and cooperative sharing of their resources. First, it is essential that the agencies begin to attempt to regionalize their efforts in a cooperative manner, targeting various communities throughout the City and/or State to be served by designated voluntary agencies. Second, while some agencies might be encouraged to limit the size and range of their services, others might be stimulated to enter into "trade offs" with peer agencies such as the use of joint intake procedures and personnel; joint professional staffs; and/or consolidated business management activities. In addition to such consolidation of resources, more complete corporate mergers might also be the wisest course of action for still other agencies.

D. Management Techniques - Coordinated, centralized planning, guided by NYSCOVCCA, should be initiated quickly. Although there is understandable concern that the foreseeable specialization of services might result in some counterproductive fragmentation and/or duplication of services, the competent use of management techniques should preclude this possibility. Broad-based, regular needs analysis and monitoring efforts should also increase the efficiency and relevance of our redirected resources and service delivery patterns. Such continual vigilance regarding present and projected needs will enable the voluntary sector to prepare for and meet future challenges of new and changing populations who present special needs.

VI. Executive Accountability - The agency executive is accountable to his board, the profession, the public, and, most importantly, to the child and family his agency serves. Therefore, it is the executive's responsibility to stimulate and monitor the development and implementation of appropriate planning for each youngster in his agency's care. While it is understood that an executive must wear many hats - including fund raising and plant management - which may detract from the time he has for monitoring planning, the executive's role in such planning cannot be relegated entirely to middle management staff. His direct involvement in planning is one important way of also fulfilling his responsibility to see that agency policies are operationalized in practice.

The development of a plan for every child should include the youngster and his family in the actual planning conferences. Nearly all NYSCOVCCA agencies have already adopted the practice of inviting youngsters and parents to planning conferences. This is done, almost without exception, when planning involves adolescents. When an agency's preferred plan and the youngster's and/or the parents' plan do not coincide, it is suggested that the "contract" technique be implemented to negotiate a mutually-acceptable direction for the future which will be in the entire family's best interests.

Generally, the rather ambiguous designation of "continued foster care" as the plan for a youngster for a protracted period of time is considered unacceptable and professionally unsound. The agency has the responsibility either to develop alternative plans - such as return home or adoption - and to increase the specificity of planning beyond simple discharge-or-not decisions. Planning should always be tailored to suit the specific and often special needs of the youngster even if meeting those needs might require service interventions beyond the immediate scope of the individual agency.

It is the responsibility of the executive to monitor planning by periodic review of implementation of the goals cited in planning reports. This can be facilitated by the development of an internal mechanism at the agency which holds staff accountable for carrying out plan-related activities within some time-limited framework. Weekly executive meetings and/or reading random case records and/or reviewing computer data are additional monitoring tools for the executive.

VII. Critical Indicators for Decision-Making and Program Analysis

There are a number of discernable indicators which underlie our decisions around planning for children:

- The executive's implementation of agency policy and philosophy
- Commitment to permanence for every child
- The child's functioning, performance, adjustment, age, and improvement
- Time
- The family's interest and viability
- The availability of supplementary resources, such as diagnostic services and after-care facilities

There is an on-going need for each agency to alert its staff to these indicators and to orient them towards planning in accordance with these indicators. Critical decisions about a child should be made by a professional team that knows the youngster and his family and is also knowledgeable about the range of realistic alternatives for them. Such decisions are usually reached in an agency at the point of intake; in preparation for the 392; when reports are due; when discharge is imminent; or at a point of crisis. However, decision-making should be considered an on-going component of quality care-giving regardless of external pressures.

Other program features, in addition to case planning also need continuing monitoring and evaluation. Specifically in need of regular assessment are:

- staff evaluations based on current job descriptions and suitable high professional standards
- the quality of supervision
- the best use of institutional facilities
- supervisory level patterns of decision-making
- staff turnover
- staff contributions to "blow-ups" or unproductive work situations
- feedback to staff on key issues and concerns as well as plans and priorities for the agency
- utilization of CWIS data

IX. A Framework of Comparability - It is essential for an executive to have access to information about comparative dollar-for-dollar costs of his services and programs as well as the like figures for peer agencies. Admittedly, agency structures and financial/budgetary/accounting procedures vary and deter ready or easy comparisons. Nonetheless, a substantial increase in our understanding of the relative cost effectiveness of our programs and services is essential to meaningful future planning and coordination of services.

Our presently limited knowledge about the cost and program effectiveness within and among our agencies is compounded by a lack of standardization of criteria in the system around other, interrelated factors, such as criteria for foster and/or adoptive parent selections and adoption costs. Again, the need for research and dissemination of information is crucial.

X. Restructuring the Agencies and/or the System. The foregoing has clearly indicated the interest and intent of the NYSCOVCCA members present at the Seminar to stimulate a restructuring of their individual agencies; of the voluntary sector; and of the larger child welfare system in New York State to meet the needs and demands of today and tomorrow without the constraints of yesterday's narrower vision. The goal clearly is the achievement of a child welfare network which is responsive and effective in meeting the needs of youngsters and their families.

The child welfare system and its voluntary sector are entering a new era and confronting new challenges that reflect the complexity of American society in the vortex of enormous and fundamental change. The voluntary agencies through NYSCOVCCA are determined to meet the challenges and welcome constructive change.

RECOMMENDATIONS

For the Voluntary Sector - It is imperative that our ability and willingness to initiate constructive changes in our services and orientations be amply demonstrated. Further, it will be essential that our redirecting of resources and energies be designed to reflect the current social goals and human needs of our society. To insure our responsiveness to today's children and families, we are committed to putting aside vested interests and narrow autonomy in favor of cooperative and consolidated service delivery ventures.

The voluntary sector recognizes the need to advocate actively for relevant funding arrangements that will encourage the development of an array of service alternatives, including: day treatment, family services, prevention and aftercare, as well as highly specialized facilities and resources for those populations of youngsters with special needs - the mentally retarded, the emotionally disturbed, the acting-out adolescent.

In addition, the voluntary sector accepts its responsibility to maximize the resources now at the agencies' disposal through the utilization of modern business management techniques; exploration of agency resource consolidations and mergers; and a renewed emphasis on professional competence and consumer participation. Further, the voluntary sector will attempt to increase its responsiveness by enlarging the parameters of its populations; by interfacing its efforts with other human services subsystems, as needed; and by moving closer to the families being served - geographically and professionally.

For NYSCOVCCA - The voluntary sector has now given NYSCOVCCA a firm mandate to:

(1) Continue its efforts in developing a viable partnership with the public agencies

(2) Expand its public information efforts

(3) Serve as a Clearinghouse which will stimulate research and provide information on the current needs and trends in the field

(4) Develop Standards related to:

- (a) quality of care
- (b) professional performance
- (c) board members' roles

(5) Serve as a fulcrum for the planning of resource reallocations and redirections throughout the voluntary sector.

For Agencies and their Boards - At each agency, the board and their executive should be continually alert to assessing whether their policies are consonant with current needs and, if so, whether the policies are reflected in the agency's day-to-day operations.

Board members should be knowledgeable about agency operations, although not directly involved in them. Board committees related to each agency service therefore should be established. In addition, board members should find the means/criteria by which accurately to assess the continuing competence of the executive.

The executive should consider his role in planning for children as his pivotal responsibility. To this end, more precision in defining the child's needs and increased expertise in formulating both developmental and discharge plans should be sought by the executive. His deployment of staff; utilization of CWIS data; review of planning procedures; and assessment of agency goals should be tools for measuring the effectiveness of his agency's services and policies in meeting the most comprehensive needs of children and families.

The board and the executive have an on-going shared responsibility to insure that the agency has a sound capacity to meet the needs of each child entering care and the flexibility to meet the demands of those youngsters with special needs who also need the agency's services. The board and the executive will need to establish an internal checks-and-balances mechanism to assist them in examining (a) staffing patterns and diversification, and (b) program efficiency; cost effectiveness; and responsiveness. Also, they will jointly need to keep current the Manual of Operations; organizational chart; job descriptions; and evaluation methods for staff performance to insure that practice and policy are closely aligned.

The tasks and responsibilities facing the voluntary sector, NYSCOVCCA, agency executives and board members, as cited in the foregoing conclusions and recommendations are comprehensive and complex. At some point in the near future, it is hoped that work can begin in many directions before the future overtakes us. We know now where to begin and when to begin. We have also set five priorities to show us how to begin.

Priority I. A reworking of the funding formulae governing service distribution must be accomplished as soon as possible.

Priority II. There must be broad-based advocacy for the creation and maintenance of an array of child welfare alternatives, such as: day treatment, family services, prevention and aftercare, homemakers, and specialized facilities and resources for children with special needs.

Priority III. An on-going effort to fill the current knowledge gap about needs and to provide accurate projections to guide present and future planning should be systematically initiated immediately.

Priority IV. A human services approach to service delivery should be adopted by all child welfare professionals.

Priority V. NYSCOVCCA should begin now to serve as fulcrum and clearinghouse for change.

APPENDIX

SUMMARY OF THE DISCUSSIONS
(in eight groups)

SEMINAR/RETREAT

Reforming the Child Care System From Within:
The Voluntary Agencies' Obligation
A Beginning Plan for Action

November 5-6, 1975

Sparkill, New York

A. AGENCY RESPONSIBILITY

1. The needs of certain children are not being met. No agencies are able to accept them. These are the more seriously disturbed, the severely handicapped, the older acting-out adolescent, the violent prone. (The credibility of our good service in the past and the present is taxed by the children we cannot or do not serve well today.)

2. There is unnecessary duplication of services resulting in harmful competition (as opposed to useful emulation) and empty beds, financial crisis....

3. There is need to develop preventive services, family care, day treatment, etc., (this is even more humane and economical than the remedial programs which have been our focus).

   "Wherever the fault may lie, it is self-evident in the Commission's view, that the hour is at hand for careful but massive re-direction of the child-care industry toward preventive services for children and their families. Foster care...must cease, in the shortest time possible, to enjoy (the) present status as an almost knee-jerk reaction to threatening family crisis."
   (Preliminary Report of Temporary Commission on Child Care, p. 24)

4. Reallocation of services is a necessity, retooling of staff and programs, revision of intake policies, open enrollment to children now being excluded; they are our responsibility.

5. Each agency must reexamine its reason for being. This means serious self-evaluation, a business-management approach, a new self-definition based on the capacity to meet clear and present needs of the community.

6. This must be coordinated across the child care field. Federations can do this. NYSCOVCCA might be needed as "a framework for planning" - a clearing-house to avoid further unnecessary dupli-

cation - wise specialization; "everybody cannot do everything;" there must be a willingness to surrender some of our individual separatist sovereignty.

7. The public and voluntary sectors must work together to achieve a partnership for service. What can the public sector do better than the voluntary?

8. Possibly some agencies should be eliminated. A merger of resources, based on a study of needs could be a preferred alternative.

9. Possibly "unofficial merger" could apply empty beds to children in need of placement who are currently rejected: joint intake, professional staff, business management: one agency specializing in the hard-to-place.

10. The least we can do is seriously study ways of greater economy and better service by reallocating services among several agencies on a geographical basis. Need to be more aware of what each of us is doing, can do. Can NYSCOVCCA be a clearinghouse for this? Seems best done as Regional, rather than Council agenda.

11. Meanwhile the Council has wisely undertaken a serious project of community relations to educate the public on the values of voluntarism in child care. Each agency can also add more volunteer workers: involve and be part of community: help allay illusion that government agencies are more trustworthy.

B. EXECUTIVE ACCOUNTABILITY

1. The executive, hired by the board, is accurately accountable to the board for all that the agency is. Yet there seems to be no instrument of evaluative criteria for a board to make sound periodic judgments on the functioning of the executive.

2. In fact, most agencies are "owned lock, stock, and barrel by the executives" and the boards have, in many instances, become social groups that exercise very little responsibility for the destiny of the agency.

3. Executives have the obligation, where necessary, to develop more responsible boards; younger membership, minority and, if possible, consumer membership; political power to effect wise child-care legislation, and a governmental "ear" to the needs of child care; to raise the needed "venture capital" for innovative programs, and possibly coalesce with other members of the "third sector" in the furtherance of the goals of voluntarism in our society.

4. The State Board of Social Welfare is, or should be, a valuable agency to assist an executive in assuring the responsible fulfillment of his role as leader of his agency, especially through the annual survey.

5. Executives might benefit greatly from NYSCOVCCA assistance in the development of evaluative criteria for self-evaluation by an agency and creating preferably on a Regional basis, voluntary teams of other agency members to make a visitation and validation of the agency's own evaluation.

6. The executive creates the atmosphere of interdiscplinary responsibility, mutual trust and support within which proper decisions are made collaboratively concerning the plans for individual children and program development.

7. There is a need to involve the child itself and the family in responsibility for individual planning. Child, family, staff and administration are all reciprocally accountable to one another. The agency is a community to which all belong.

8. When the executive is not personally engaged in the planning process and review, this must be wisely delegated and closely supervised by the executive.

9. Decisions must be made within the framework of the up-dated philosophy of the agency in whose formulation all participate. Ultimately this philosophy is the responsibility of the board.

10. The supervision of the agency by the executive and its continual evolution to meet the needs of society must also be carried out within the framework of a manual of operation, an organizational chart, and descriptions of role and function for all staff members.

11. Regular, forthright and knowledgeable evaluations of all staff by appropriate supervisors is indispensable for responsible performance. There is a tendency in social agencies to be too lenient in this and too rare in firing incompetent staff.

12. Executives can benefit from a judicious use of CWIS data to assist in program monitoring, but there is need to educate staff in the validity of this tool.

13. In the larger agencies responsible monitoring of good planning can be carried out by small interdisciplinary teams and by properly programmed computer printouts.

14. The executive has primary responsibility for keeping the agency aware of and in tune with the unmet needs of the community which it serves, of the trends in government related to child care, and of the professional developments in the service of children.

(This summary includes two discussion periods, not a third one which took place at the end of the Seminar/Retreat.)

NEW YORK STATE
COUNCIL OF VOLUNTARY CHILD CARE AGENCIES
MEMBER AGENCIES

Abbott House
Albany Diocesan Health and Social Services
Albany Home for Children
Andrus Children's Home
Angel Guardian Home
Astor Home for Children
Baker Hall
Berkshire Farm Center and Services for Youth
Big Brothers of New York City
Brooklyn Bureau of Community Service
Brooklyn Home for Children
Brooklyn Society for the Prevention of Cruelty to Children
Brookwood Child Care
Cardinal Hayes Home for Children
Cardinal McCloskey School and Home for Children
Catholic Charities, Archdiocese of New York
Catholic Charities, Diocese of Brooklyn
Catholic Charities of Buffalo
Catholic Child Care Society, Diocese of Brooklyn
Catholic Guardian Society, Archdiocese of New York
Catholic Guardian Society, Diocese of Brooklyn
Catholic Home Bureau
Cayuga Home for Children
The Charlton School
Children's Aid Society
Children's Home of Jefferson County
Children's Home of Kingston
Children's Home of Poughkeepsie
Children's Home of Wyoming Conference
Children's Home Society (Schenectady)
Children's Receiving Home of Westchester
Children's Village
Convalescent Hospital for Children
Divine Providence Shelter
Elmcrest Children's Center
Family Service of Westchester
Federation of Jewish Philanthropies of New York
Federation of Protestant Welfare Agencies
Friendly Homes
Gateway United Methodist Youth Center
George Junior Republic
Girls Town of the Florence Crittenton League
Edwin Gould Services for Children
Graham Home for Children
Greer Children's Services
Gustavus Adolphus Children's Home
Harmony Heights
Hebrew Children's Home
Hillside Children's Center
Holy Angels Home
Home Health-Homemaker Service-GHI
Hope for Youth
Hopevale
House of The Good Shepherd (Utica)
Immaculate Heart of Mary Children's Home
Ingleside Home
Inwood House
Jewish Board of Guardians
Jewish Child Care Association
Lt. Joseph P. Kennedy Jr. Home
La Salle School
Leake & Watts Children's Home
Lincoln Hall
Little Flower Children's Services
Longview
Lutheran Community Services
Madonna Heights
McMahon Services for Children
McQuade Foundation
Melville House
Mission of the Immaculate Virgin
Nassau House
New York Foundling Hospital
Ohel Children's Home
Ottilie Home for Children
Our Lady of Victory Infant Home
Parkhurst Children's Shelter
Pius XII School
Queensboro Society for the Prevention of Cruelty to Children
Randolph Children's Home
Riverdale Children's Association
St. Agatha Home for Children
St. Agnes Home and School for Children
St. Anne Institute
St. Barnabas House
St. Cabrini Home
St. Catherine's Center for Children
St. Christopher's - Jennie Clarkson Child Care Services
St. Colman's Home
St. Dominic's Home
St. Francis Homes for Boys and Girls
St. Germaine's Services
St. John's Residence and School for Boys
St. Joseph Children's Services
St. Joseph's Home of Peekskill
St. Joseph's Villa
St. Mary of The Angels Home
St. Mary's-In-The-Field
St. Michael's Services for Children
St. Peter's School
St. Vincent's Hall
Salvation Army Foster Home and Adoption Service
Salvation Army Friendship House
Samaritan Shelters
Sheltering Arms Children's Service
Sisters of The Good Shepherd Residences
Society for Seamen's Children
Spence-Chapin Services to Families and Children
Summit Children's Residence Center
Talbot Perkins Children's Services
Vanderheyden Hall
Wartburg Orphan Farm School
Wayside School
Windham Child Care
Louise Wise Services
Woodycrest-Five Points Child Care
Wyndham Lawn Home for Children

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